

# Prison Rape Elimination Act (PREA) Audit Report Adult Prisons & Jails

Interim       Final

**Date of Interim Audit Report:** January 8, 2021

**Date of Final Audit Report:** July 13, 2021

## Auditor Information

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**Company Name:** PREA Auditors of American, LLC

**Mailing Address:** PO Box 1071      **City, State, Zip:** Cypress, TX 77410

**Telephone:** 713-818-9098      **Date of Facility Visit:** November 30, 2020-  
December 2, 2020

## Agency Information

**Name of Agency:** South Carolina Department of Corrections

**Governing Authority or Parent Agency (If Applicable):**

**Physical Address:** 4444 Broad River Road      **City, State, Zip:** Columbia, SC 29210

**Mailing Address:** 4444 Broad River Road      **City, State, Zip:** Columbia, SC 29210

**The Agency Is:**

<input type="checkbox"/> Military	<input type="checkbox"/> Private for Profit	<input type="checkbox"/> Private not for Profit
<input type="checkbox"/> Municipal	<input type="checkbox"/> County	<input checked="" type="checkbox"/> State
		<input type="checkbox"/> Federal

**Agency Website with PREA Information:** <http://www.doc.sc.gov/preaweb/>

## Agency Chief Executive Officer

**Name:** Bryan Stirling

**Email:** Stirling.Bryan@doc.sc.gov      **Telephone:** 803-896-8555

## Agency-Wide PREA Coordinator

**Name:** Kenneth James

**Email:** james.kenneth@doc.sc.gov      **Telephone:** 803-896-6436

**PREA Coordinator Reports to:**  
Sallie Elliott, Chief Legal and Compliance Manager

**Number of Compliance Managers who report to the PREA Coordinator:** 21

## Facility Information

Name of Facility: Lee Correctional Institution

Physical Address: 990 Wisacky Highway

City, State, Zip: Bishopville, SC 29010

Mailing Address (if different from above):

City, State, Zip:

The Facility Is:

Military

Private for Profit

Private not for Profit

Municipal

County

State

Federal

Facility Type:

Prison

Jail

Facility Website with PREA Information: <http://www.doc.sc.gov/preaweb/>

Has the facility been accredited within the past 3 years?  Yes  No

If the facility has been accredited within the past 3 years, select the accrediting organization(s) – select all that apply (N/A if the facility has not been accredited within the past 3 years):

ACA

NCCHC

CALEA

Other (please name or describe:

N/A

If the facility has completed any internal or external audits other than those that resulted in accreditation, please describe:

### Warden/Jail Administrator/Sheriff/Director

Name: Samuel Wise

Email: Wise.Samuel@doc.sc.gov

Telephone: 803-896-2400

### Facility PREA Compliance Manager

Name: Arenda Thomas

Email: Thomas.Arenda@doc.sc.gov

Telephone: 803-896-2400

### Facility Health Service Administrator

Name: Steppnay Blackwell

Email: Blackwell.Steppnay@doc.sc.gov

Telephone: 803-896-2400

### Facility Characteristics

Designated Facility Capacity:

1670

Current Population of Facility:

1291

Average daily population for the past 12 months:

1256

Has the facility been over capacity at any point in the past 12 months?

Yes

No

Which population(s) does the facility hold?	<input type="checkbox"/> Females <input checked="" type="checkbox"/> Males <input type="checkbox"/> Both Females and Males
Age range of population:	19-86
Average length of stay or time under supervision:	9,791 Days
Facility security levels/inmate custody levels:	Minimum, Medium & Close
Number of inmates admitted to facility during the past 12 months:	947
Number of inmates admitted to facility during the past 12 months whose length of stay in the facility was for <i>72 hours or more</i> :	924
Number of inmates admitted to facility during the past 12 months whose length of stay in the facility was for <i>30 days or more</i> :	502
Does the facility hold youthful inmates?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Number of youthful inmates held in the facility during the past 12 months: (N/A if the facility never holds youthful inmates)	<input checked="" type="checkbox"/> N/A
Does the audited facility hold inmates for one or more other agencies (e.g. a State correctional agency, U.S. Marshals Service, Bureau of Prisons, U.S. Immigration and Customs Enforcement)?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Select all other agencies for which the audited facility holds inmates: Select all that apply (N/A if the audited facility does not hold inmates for any other agency or agencies):	<input type="checkbox"/> Federal Bureau of Prisons <input type="checkbox"/> U.S. Marshals Service <input type="checkbox"/> U.S. Immigration and Customs Enforcement <input type="checkbox"/> Bureau of Indian Affairs <input type="checkbox"/> U.S. Military branch <input type="checkbox"/> State or Territorial correctional agency <input type="checkbox"/> County correctional or detention agency <input type="checkbox"/> Judicial district correctional or detention facility <input type="checkbox"/> City or municipal correctional or detention facility (e.g. police lockup or city jail) <input type="checkbox"/> Private corrections or detention provider <input type="checkbox"/> Other - please name or describe: <input checked="" type="checkbox"/> N/A
Number of staff currently employed by the facility who may have contact with inmates:	211
Number of staff hired by the facility during the past 12 months who may have contact with inmates:	38
Number of contracts in the past 12 months for services with contractors who may have contact with inmates:	1
Number of individual contractors who have contact with inmates, currently authorized to enter the facility:	17
Number of volunteers who have contact with inmates, currently authorized to enter the facility:	207
<b>Physical Plant</b>	

<p><b>Number of buildings:</b></p> <p>Auditors should count all buildings that are part of the facility, whether inmates are formally allowed to enter them or not. In situations where temporary structures have been erected (e.g., tents) the auditor should use their discretion to determine whether to include the structure in the overall count of buildings. As a general rule, if a temporary structure is regularly or routinely used to hold or house inmates, or if the temporary structure is used to house or support operational functions for more than a short period of time (e.g., an emergency situation), it should be included in the overall count of buildings.</p>	14
<p><b>Number of inmate housing units:</b></p> <p>Enter 0 if the facility does not have discrete housing units. DOJ PREA Working Group FAQ on the definition of a housing unit: How is a "housing unit" defined for the purposes of the PREA Standards? The question has been raised in particular as it relates to facilities that have adjacent or interconnected units. The most common concept of a housing unit is architectural. The generally agreed-upon definition is a space that is enclosed by physical barriers accessed through one or more doors of various types, including commercial-grade swing doors, steel sliding doors, interlocking sally port doors, etc. In addition to the primary entrance and exit, additional doors are often included to meet life safety codes. The unit contains sleeping space, sanitary facilities (including toilets, lavatories, and showers), and a dayroom or leisure space in differing configurations. Many facilities are designed with modules or pods clustered around a control room. This multiple-pod design provides the facility with certain staff efficiencies and economies of scale. At the same time, the design affords the flexibility to separately house inmates of differing security levels, or who are grouped by some other operational or service scheme. Generally, the control room is enclosed by security glass, and in some cases, this allows inmates to see into neighboring pods. However, observation from one unit to another is usually limited by angled site lines. In some cases, the facility has prevented this entirely by installing one-way glass. Both the architectural design and functional use of these multiple pods indicate that they are managed as distinct housing units.</p>	17
<p><b>Number of single cell housing units:</b></p>	3
<p><b>Number of multiple occupancy cell housing units:</b></p>	14
<p><b>Number of open bay/dorm housing units:</b></p>	0
<p><b>Number of segregation cells (for example, administrative, disciplinary, protective custody, etc.):</b></p>	92
<p><b>In housing units, does the facility maintain sight and sound separation between youthful inmates and adult inmates? (N/A if the facility never holds youthful inmates)</b></p>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A
<p><b>Does the facility have a video monitoring system, electronic surveillance system, or other monitoring technology (e.g. cameras, etc.)?</b></p>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<p><b>Has the facility installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology in the past 12 months?</b></p>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<p><b>Medical and Mental Health Services and Forensic Medical Exams</b></p>	
<p><b>Are medical services provided on-site?</b></p>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<p><b>Are mental health services provided on-site?</b></p>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<p><b>Where are sexual assault forensic medical exams provided? Select all that apply.</b></p>	<input type="checkbox"/> On-site <input checked="" type="checkbox"/> Local hospital/clinic <input type="checkbox"/> Rape Crisis Center <input type="checkbox"/> Other (please name or describe:

## Investigations

### Criminal Investigations

**Number of investigators employed by the agency and/or facility who are responsible for conducting CRIMINAL investigations into allegations of sexual abuse or sexual harassment:**

45

**When the facility received allegations of sexual abuse or sexual harassment (whether staff-on-inmate or inmate-on-inmate), CRIMINAL INVESTIGATIONS are conducted by: Select all that apply.**

- Facility investigators
- Agency investigators
- An external investigative entity

**Select all external entities responsible for CRIMINAL INVESTIGATIONS: Select all that apply (N/A if no external entities are responsible for criminal investigations)**

- Local police department
- Local sheriff's department
- State police
- A U.S. Department of Justice component
- Other (please name or describe: \_\_\_\_\_)
- N/A

### Administrative Investigations

**Number of investigators employed by the agency and/or facility who are responsible for conducting ADMINISTRATIVE investigations into allegations of sexual abuse or sexual harassment?**

47

**When the facility receives allegations of sexual abuse or sexual harassment (whether staff-on-inmate or inmate-on-inmate), ADMINISTRATIVE INVESTIGATIONS are conducted by: Select all that apply**

- Facility investigators
- Agency investigators
- An external investigative entity

**Select all external entities responsible for ADMINISTRATIVE INVESTIGATIONS: Select all that apply (N/A if no external entities are responsible for administrative investigations)**

- Local police department
- Local sheriff's department
- State police
- A U.S. Department of Justice component
- Other (please name or describe: \_\_\_\_\_)
- N/A

# Audit Findings

## Audit Narrative

The Prison Rape Elimination Act (PREA) certification audit for Lee Correctional Institution (LCI), South Carolina Department of Corrections in Bishopville, South Carolina was conducted on November 30, 2020 through December 2, 2020 to determine initial compliance of the Prison Rape Elimination Act Standards. The audit was conducted by Kendra Prisk, United States Department of Justice (DOJ) Prison Rape Elimination Act Certified Auditor.

The auditor conducted the audit through a third-party entity as a contractor and is personally accountable for complying with the DOJ certification requirements and audit findings. The agency<sup>i</sup> contract was secured through a third-party entity, PREA Auditors of America, LLC. and not directly by the auditor herself. The contract described the specific work required according to the DOJ standards and PREA audit handbook to include the pre-audit, onsite audit and post-audit.

This is the initial certification audit for the Lee Correctional Institution. The South Carolina Department of Corrections began the PREA certification process for their facilities in 2018 and is currently in the second cycle of the current audit period.

Prior to the on-site audit the auditor reviewed the Pre-Audit Questionnaire (PAQ) and supporting documentation. The facility ensured the audit announcement was placed throughout the facility prior to the audit. The auditor received a memo from the Associate Warden indicating the audit announcement was posted throughout the facility six weeks prior to the audit. The photos evidenced the announcement posted throughout the facility during the audit. The auditor received one letter from an inmate at Lee CI. The auditor interviewed the inmate during the on-site portion of the audit.

The auditor requested the below list of inmates to be available for interview selection on the first day of the on-site audit. Based on the population on the day of the audit (1291) the PREA auditor handbook indicated that at least 40 inmates were required to be interviewed. From the provided lists, the auditor selected a representative sample of inmates for the targeted and random interviews. Inmates for the random inmate interviews were chosen at random and varied across; gender, race, ethnicity, housing assignments and time in custody. Inmates were selected from all housing units that were not under quarantine due to COVID-19. Inmates selected for the targeted interviews were selected across varying factors, when possible. No youthful inmates, transgender or intersex inmates and inmates in segregated housing for high risk of victimization were housed at Lee CI and as such no interviews were conducted for these categories. Interviews were conducted using the *Inmate Interview Questionnaire* supplemented by the *Targeted Inmate Questionnaire*. The table following the inmate listing depicts the breakdown of inmate interviews.

1. Complete inmate roster (provided based on actual population on the first day of the on-site portion of the audit)
2. Youthful inmates (if any)
3. Inmates with disabilities (i.e. physical disabilities, blind, deaf, hard of hearing, cognitive disabilities)
4. Inmates who are Limited English Proficient (LEP)
5. Lesbian, Gay, Bisexual, Transgender and Intersex (LGBTI) inmates
6. Inmates in segregated housing
7. Inmates who reported sexual abuse
8. Inmates who reported sexual victimization during risk screening

Category of Inmates	Number of Interviews
Random Inmates	20
Targeted Inmates	21
Total Inmates Interviewed	41
Targeted Inmate Interview:	
• Youthful Inmates	0
• Inmates with a Disability	2
• Inmates who are LEP	6
• Inmates with a Cognitive Disability	0
• Inmates who Identify as Lesbian, Gay or Bisexual	7
• Inmates who Identify as Transgender or Intersex	0
• Inmates in Segregated Housing for High Risk of Victimization	0
• Inmates who Reported Sexual Abuse	2
• Inmates who Reported Sexual Victimization During Screening	4

The auditor requested the below listing of staff to be available for interview selection on the first day of the on-site portion of the audit. Staff interviews were conducted in accordance with the PREA auditor handbook. The handbook indicated that at least twelve randomly selected staff were required to be interviewed as well as specialized staff. From the provided lists, the auditor selected a representative sample of staff for the specialized and random interviews. Staff for the random interviews were chosen at random and varied across; gender, race, ethnicity and post assignments. Staff selected for the specialized interviews were selected across varying factors, when possible. Staff from both day and night shift were interviewed. It should be noted that due to COVID19 no volunteers were permitted access to the facility and as such were unable to be interviewed. Interviews were conducted using the *Interview Guide for a Random Sample of Staff* and the *Interview Guide for Specialized Staff*. The table following the staff listing depicts the breakdown of staff interviews.

1. Complete staff roster (indicating title, shift and post assignment)
2. Specialized staff which includes:
  - Agency contract administrator
  - Intermediate-level or higher-level facility staff responsible for conducting and documenting unannounced rounds to identify and deter staff sexual abuse and sexual harassment
  - Line staff who supervise youthful inmates, if any
  - Education staff who work with youthful inmates, if any
  - Program staff who work with youthful inmates, if any
  - Medical staff
  - Mental health staff
  - Non-medical staff involved in cross-gender strip or visual searches, if any
  - Administrative (Human Resources) staff

- SAFE and/or SANE staff
- Volunteers who have contact with inmates
- Contractors who have contact with inmates
- Criminal investigative staff
- Administrative investigative staff
- Staff who perform screening for risk of victimization and abusiveness
- Staff who supervise inmates in segregated housing
- Staff on the sexual abuse incident review team
- Designated staff member charged with monitoring retaliation
- First responders, security staff (individuals who have responded to an incident of sexual abuse) and non-security staff
- Intake staff

Category of Staff	Number of Interviews
Random Staff	12
Specialized Staff	19
Total Staff Interviews	31
Specialized Staff Interviews	
• Agency Contract Administrator	1
• Intermediate or Higher-Level Facility Staff	2
• Line Staff who Supervise Youthful Inmates	0
• Education and Program Staff who Work with Youthful Inmates	0
• Medical and Mental Health Staff	3
• Human Resources Staff	1
• Volunteers and Contractors	1
• Investigative Staff	2
• Staff who Perform Screening for Risk of Victimization	2
• Staff who Supervise Inmates in Segregated Housing	1
• Incident Review Team	1
• Designated Staff Member Charged with Monitoring Retaliation	1
• Security and Non-Security who Acted as First Responders	3
• Intake Staff	1

The auditor also conducted interviews with the below leadership staff (not counted in table above):

- Ms. Salley W. Elliott (Agency Head Designee)
- Mr. Kenneth Nelsen (Warden)
- Mr. Kenneth James (PREA Coordinator “PC”)
- Mr. Arenda Thomas (PREA Compliance Manager “CM”)

The on-site portion of the audit was conducted on November 30, 2020 and December 1, 2020. The auditor had an initial briefing with facility leadership and answered any questions. After the initial briefing, the auditor reviewed documentation and selected inmates and staff for interviews as well as identified all documentation needed for review. A tour of the facility was conducted on November 30, 2020 and began at 10:30am. The tour encompassed all areas associated with Lee CI, to include, the administrative building, the education and programs building, all housing units, prison industries, vocation, laundry, the kitchen, the chapel, visitation, medical, mental health, dental and the multipurpose building. During the tour the auditor was cognizant of staffing levels, monitoring device placement, blind spots, posted PREA information, privacy for inmates in housing units and other factors as indicated in the below standard findings. Due to COVID-19, over 500 inmates were quarantined and as such the auditor did not enter these housing units. It should be noted that two of these housing units are identical to the others the auditor toured. One unit was different and as such the auditor viewed the housing unit via camera. Additionally, inmates in these units were not selected for interview to protect the auditor, staff and inmates from COVID-19.

Interviews were conducted on November 30, 2020 in the afternoon and evening and on December 1, 2020 in the morning. Prior to and during the audit the auditor requested personnel and training documents of staff and inmates, as well as medical and mental health records, grievances, incident reports and investigative files for review. A more detailed description of the documentation review is as follows:

**Personnel and Training Files.** The facility has 159 staff assigned. The auditor reviewed a random sample of sixteen personnel and training records that included six individuals hired within the past twelve months. The sample included a variety of job functions and post assignments, including both supervisory and line staff. Additionally, personnel and training files for three contractors as well as training files for four volunteers who have contact with inmates were reviewed.

**Inmate Files.** On the first day of the onsite phase of the audit, the inmate population was 1291. A total of 21 inmate records were reviewed. The records reviewed were of inmates who arrived within the previous twelve months and included their initial risk screening, 30-day reassessment and inmate education. Additionally, five LEP inmate files were reviewed for appropriate inmate education.

**Medical and Mental Health Records.** During the past year, there has been one inmate who reported sexual abuse at the facility and three inmates who reported sexual harassment. The auditor reviewed medical and mental health files for the four inmates. Additionally, six mental health files were reviewed for inmates who reported prior victimization during the risk screening.

**Grievances.** The PAQ indicated that there were five sexual abuse grievances within the previous twelve months. The auditor reviewed all five grievances as well as the grievance log.

**Hotline Calls.** The facility received one PREA hotline call within the previous twelve months. A review of the investigative report confirmed that one allegation of sexual harassment was reported via the hotline.

**Incident Reports.** The PAQ indicated there were nine sexual abuse and sexual harassment allegations reported in the previous twelve months. The auditor reviewed all incident reports associated with the nine reported allegations.

**Investigation Files.** Agency investigators (Police Services) or facility investigators (typically an Associate Warden) complete investigations for all sexual abuse and/or sexual harassment allegations. The PAQ

indicated there were nine sexual abuse and sexual harassment allegations reported in the previous twelve months. A review of the nine investigative files determined that five did not rise to the level of PREA per the definitions. Three were not sexual abuse or sexual harassment allegations, one was not repeated and one occurred at a different facility. While the five allegations did not rise to the level of PREA, a prompt and thorough investigation was completed for each. Of the four remaining allegations, all had an administrative investigation completed by the facility investigator. The auditor reviewed all four investigations to ensure compliance with the standards. The below table depicts the allegations and the investigative outcomes.

	Sexual Abuse		Sexual Harassment	
	Inmate on Inmate	Staff on Inmate	Inmate on Inmate	Staff on Inmate
Substantiated	0	0	1	0
Unsubstantiated	0	0	1	0
Unfounded	0	1	1	0
<b>Total Allegations</b>	<b>0</b>	<b>1</b>	<b>3</b>	<b>0</b>

The facility has an Memorandum of Understanding with the Family Resource Center (FRS). The auditor contacted FRS staff who advised that they have a current MOU with the facility and that they provide services, including correspondence, a hotline and hospital accompaniment.

The auditor conducted a web-based search related to Lee CI. The auditor located a few articles related to the facility however none were related to sexual abuse or sexual harassment. The auditor confirmed that the agency website had the PREA policy, annual reports, PREA audit reports, the PREA brochure, information on statewide partnerships with sexual assault centers and information on how to report sexual abuse or sexual harassment.

On numerous dates during the corrective action period the auditor received follow-up documentation related to corrective action. The facility provided the auditor with deviations from the staffing plan, photos of the modifications to the showers, staff training documentation, contractor training documentation, specialized medical and mental health training documents, inmate education and risk assessment documents, sexual abuse grievances, Warden to Warden notifications, mental health documentation and numerous process and training memos. While the facility did provide numerous documents, some of the documents were not adequate for corrective action and as such Standards 115.33, 115.35, 115.41 and 115.81 still require further corrective action.

## Facility Characteristics

Lee Correctional Institution is a state prison under the authority of the South Carolina Department of Corrections, located at 990 Wisacky Highway, in Bishopville, South Carolina. The facility opened in 1993 and is located in Lee County. LCI is located approximately 31 miles West of Florence, South Carolina. LCI is a level three close security institution. The institution is home to numerous education and vocational programs including; GED, literacy, electrical, carpentry, masonry and welding. Additionally, the institution is home to the prison industries mattress factory and uniform factory.

All buildings associated with LCI are located inside the secure perimeter. The compound is separated into an East side and a West side. The sides are separated by numerous buildings containing the majority of the common and program areas. The housing units are located on the East and West sides, with three on each side and F7/RHU additionally located on the West side. A few additional buildings are located around the facility, including two recreational towers (one on the East side and one on the West side) and a back gate.

The entrance to the facility is through a secure building. Staff and visitors are required to have any materials scanned through the x-ray machine and are required to be checked by the body scanner. Staff and visitors show identification and are processed through two secure doors by a Control Center. Upon exit from this building is a breezeway that leads to the administration building. Central Control is located at the entrance to the administration building. One secure door leads to visitation while the other leads to the administrative offices and medical. Administrative offices found in the building include the Warden's office, training, transport, staff break room, property, Police Services, the mailroom and numerous other staff offices. Reflective mirrors are found throughout the administration area as well as posted PREA information.

Visitation is located on the East side of the building. It is a large open area with tables and chairs. Cameras are located throughout the area for supplemental monitoring. The inmate restroom has a full door that provides privacy. The visitation shakedown area is a small room with a solid door for privacy. Medical is located on the West side of the building. Prior to entry there is a large holding area with benches. This space is used for inmates who coming/going on transport. The holding area has a toilet that is equipped with half walls for privacy. Additionally in this area is a shakedown area. This is a small room with a solid door. Medical is located through a secure door West of the holding area. Medical encompasses an emergency room and numerous exam rooms. All rooms have a solid door with a small security window that affords appropriate privacy. The restroom in medical had a solid door and reflective mirrors were located throughout medical to eliminate blind spots. Dental and mental health are also found in this area. All rooms have solid doors with security windows. Medical records are located behind a secure locked door with a records staff member. The infirmary and a medical waiting area with benches are also located in this area.

When you exit the administration building a small breezeway with cross fencing leads to the first common area building at the center of the compound. Two gates are found in this area, one leading to the East side of the facility and one leading to the West side of the facility. The East side contains housing units F2, F4 and F6. Recreational yards are located at the rear of each of the units and is shared by both sides (A and B). The recreation area is a large open space with a handball court. The West side contains housing units F1, F3, F5 and F7/RHU. Recreation areas are again located at the rear of each of the units. RHU has a separate recreation area that contains enclosures for single inmates. Cameras are outside in the RHU recreation area for supplemental monitoring.

The common and program areas are contained in two buildings. Most of the areas have entrances on both the East and West side as these spaces are shared by the inmates housed on both sides. However, there are a few areas of the buildings that only have one entrance and are only accessed for security purposes through the one side. When exiting the administration building the first common area is the Chapel. This is accessed through the front door mainly, but staff can allow entry through the East and West side doors. The Chapel is a large open area with chairs that serves as the sanctuary. Additionally, there are staff offices, a few classrooms and a small library. The restroom in the Chapel has a solid door

that provides privacy. Reflective mirrors are located in the Chapel to reduce blind spots. Immediately South of the Chapel are the two pill windows, one on the East side and one on the West side. Programs and classification are located after the pill windows. This area also has access via the East and West side. This area contains numerous staff offices as well as a large classroom. Inmate orientation, to include the PREA training, is completed in this classroom. The inmate restroom in this space provides privacy via a solid door. Education is South of programming and contains the library, law library and classrooms. All classrooms are equipped with desks, chairs and televisions. Reflective mirrors are located throughout education to reduce blind spots. The inmate restroom affords privacy via a solid door. The remaining two program areas in this building are the multipurpose/gymnasium and the hobby craft area. The multipurpose/gymnasium is a large open area with a basketball hoop and benches. This area is accessible from the East and West sides. The inmate restroom is equipped with a solid door for privacy. The hobby craft area is a hallway with large classrooms that have been converted into working areas. Inmates in hobby craft create items that can be sold to staff and the public. The inmate restroom in this area has a solid door for privacy.

The second building with common areas is directly South of the first and looks to be connected, but it is not. The kitchen and dining area is the first common area. The kitchen is large and extends the whole building with an East and West entrance. The kitchen is equipped with the necessary equipment to feed the inmates at the facility. The kitchen has a dish area, baking area, kettles, grills, freezers, coolers, dry storage and food preparation area. The inmate restroom in the kitchen provides privacy through a solid door. Two serving lines separate the kitchen from the dining area. The dining area is a large open area with tables and stools. Reflective mirrors and cameras are located in the kitchen and dining area for supplemental monitoring. Laundry is South of the kitchen. Each side (East and West) have their own rooms for linen storage. The actual laundry area though extends the building and contains industrial washers and dryers. Reflective mirrors are throughout laundry to eliminate blind spots and the inmate restroom is equipped with a solid door for privacy. The canteen is after laundry. The storage room is located across the entire building and is where goods are stored, however the East and West side have their own distribution area that is only accessible from that side.

The remainder of the second building with common areas is divided by East and West side. The West side contains carpentry, masonry and the prison industries mattress factory. The East side contains welding and the prisons industries uniform factory. Carpentry and masonry are located South of the canteen area and are divided by a solid wall. These vocational areas have separate entrances but can be accessed inside between. Both have a large open area utilized for the hands-on instructions as well as a classroom for book work. The inmate restrooms in both areas are equipped with a solid door for privacy. The mattress factory is located at the far end of the facility on the West side. This is a factory style area where mattresses are assembled for colleges and prisons. It is large open warehouse that contains two classrooms and staff offices. The inmate restroom is equipped with a solid door for privacy. The mattress factory has at least two prison industries staff assigned to the area during operational hours.

Welding is found South of the canteen on the East side. This is an open area with equipment and tools necessary to teach and learn the welding trade. The inmate restroom has a solid door for privacy. The uniform factory is located at the far end of the facility on the East side. This is where TDCJ inmate uniforms are made. The area is large and open. It contains sewing machines, tables and work areas for the construction of the uniforms. Additionally, there are areas that store all the supplies. The inmate restroom is equipped with a solid door for privacy.

The institution has nineteen housing units in seven buildings. Ten of the housing units (five buildings) mirror one another and have the same physical layout, with the exception of F4-A which contains a separate laundry room in the unit. Each building contains two units, an A and B side. Entry to the building is through a secure door. The vestibule area at the entrance has rooms that are utilized as barbershops and office space. Each side has a solid secure door for entry. Units are two tiered and connected by stairs. The units contain two dayrooms, one in a separate room on the unit and the other in the main housing area on the first floor. Dayrooms contain desks, benches, tables, phones and televisions. Inmate cells are double bunked with a toilet and sink. The cell door is solid with a security window. Most windows

have been painted halfway to provide additional privacy. Showers are located on both floors and are equipped with curtains for privacy. Cameras are located throughout the units for supplemental monitoring.

One building contains four housing units. The four are pod style and mirror one another. An officer's station is located in the center of the four pods and each pod has a separate secure door for entry. Pods are two tiered with the tiers connected by stairs. The first floor of each pod contains a dayroom with kiosks, phones, benches and televisions. Cells are double bunked with a sink and toilet. Cell doors are solid with a small security window. Showers are located on both tiers and are equipped with curtains for privacy. Cameras are found throughout the units for supplemental monitoring.

The RHU and another general population unit share the same building. Both of these units mirror each other in physical layout. Upon entry to the building are staff offices and eight holding cells with stools. Additionally there is a visitation area, laundry and a kitchen (not utilized). RHU is located on the North side of the building and has an A and B side. An officer's station and solid security doors separates the sides. Each side is two tiered connected by stairs. All inmate cells are single bunked with a toilet, sink and desk. Each tier contains four showers with open bar stock. The facility has added expanded metal to the showers to afford privacy. The B side of RHU contains four cells that are utilized for direct observation. The cells are set up exactly the same but are equipped with cameras for safety monitoring. The general population unit is on the South side of the building and mirrors the RHU unit with regard to the cells. However, because of the lower security level there are a few deviations. The general population A and B sides have dayrooms for inmate use. Dayrooms contain kiosks, telephones, picnic tables, chairs and televisions. The showers are identical to the RHU side but are equipped with curtains for privacy. Reflective mirrors and cameras are found throughout the building. Additionally, the building has an area that was previously used for supermax. The area is no longer utilized and is inaccessible. Cameras are found throughout the units for supplemental monitoring.

The infirmary is located in medical and has both single occupancy rooms and an open bay style housing area. The infirmary contains eight single rooms that contain a bed, toilet and sink. The doors to these rooms are open bar stock but contain a secondary door that is solid with a small security window. The open bay style area contains rows of beds in the living area. One restroom is in the area contains sinks and toilets. This area has a solid door at the entrance for privacy. The infirmary has a dayroom area with chairs and a television. A shower area is located in the infirmary and is shared among the single rooms and the open bay area. The entrance to the shower area has a solid door and a shower and bathtub with a curtain are behind the door.

All housing units have PREA reporting information posted which includes the hotline (\*22) and People Against Rape (\*63) information. Additionally, PREA posters were found throughout the facility in common areas and program area in English and Spanish. The auditor tested the phones in two housing units and reached both the hotline and advocacy center voicemail. It should be noted that many of the inmate phones were inoperable and while the hotlines worked, there were limited phones to access the lines. Video technology was observed in all housing units, the kitchen and visitation.

Unit	Capacity	Style	Inmate Population
F1 – A	120	Multiple Occupancy	General Population
F1 - B	126	Multiple Occupancy	General Population
F2 – A	127	Multiple Occupancy	General Population/Veterans Dorm
F2 – B	128	Multiple Occupancy	General Population
F3 – A	128	Multiple Occupancy	General Population
F3 – B	128	Multiple Occupancy	General Population
F4 – A	65	Single Occupancy	General Population/Vera Youth Program

F4 – B	128	Multiple Occupancy	General Population
F5 – A	64	Multiple Occupancy	General Population/COVID-19 Isolation
F5 – B	64	Multiple Occupancy	General Population/COVID-19 Isolation
F5 – C	64	Multiple Occupancy	General Population/COVID-19 Isolation
F5 – D	64	Multiple Occupancy	General Population/COVID-19 Isolation
F6 – A	128	Multiple Occupancy	General Population/Character Dorm
F6 – B	127	Multiple Occupancy	General Population/Character Dorm
F7 – A	95	Single Occupancy	General Population/Hope Program
F7 – B	92	Single Occupancy	Restrictive Housing
Infirmary	20	Open Bay & Single Occupancy	Medical

The facility employs 211 staff. Staff mainly make up two shifts, day shift works from 6:45am-7:00pm and evening shift works from 6:45pm-7:00am. An administrative shift also comprises security staff to assist with supervision and monitoring Monday through Friday. Captains serve as the shift supervisors and the Major is on-site Monday through Friday and serves as the highest security supervisory level staff. Shifts have two Lieutenants and four Sergeants to assist with supervisory duties. Additionally, each shift has at least twenty Correctional Officers, with six assigned to the east housing areas and six to the west housing areas. Additional officers are assigned to other areas to include; front gate, infirmary, cafeteria, yard, control room, visitation, etc. The facility employs 17 contractors that make up medical and mental health staff. The facility also has numerous volunteers that have contact with inmates. Currently the facility has 207 volunteers that provide services to the inmates. It should be noted that volunteers were not permitted access to the facility during the on-site audit due to COVID-19.

The total capacity for the facility is 1670. On the first day of the audit the population at the facility was 1291. The facility houses adult male inmates. The age range of the facility's population is nineteen to 86 years of age. The facility houses minimum to close custody inmates. The average length of sentence for inmates at the facility is approximately 26 years and ten months.

## Summary of Audit Findings

### Standards Exceeded

Number of Standards Exceeded: 1  
List of Standards Exceeded: 115.73

### Standards Met

Number of Standards Met: 40

### Standards Not Met

Number of Standards Not Met: 4  
List of Standards Not Met: 115.33, 115.35, 115.41, 115.81

## PREVENTION PLANNING

### Standard 115.11: Zero tolerance of sexual abuse and sexual harassment; PREA coordinator

#### 115.11 (a)

- Does the agency have a written policy mandating zero tolerance toward all forms of sexual abuse and sexual harassment?  Yes  No
- Does the written policy outline the agency's approach to preventing, detecting, and responding to sexual abuse and sexual harassment?  Yes  No

#### 115.11 (b)

- Has the agency employed or designated an agency-wide PREA Coordinator?  Yes  No
- Is the PREA Coordinator position in the upper-level of the agency hierarchy?  Yes  No
- Does the PREA Coordinator have sufficient time and authority to develop, implement, and oversee agency efforts to comply with the PREA standards in all of its facilities?  Yes  No

#### 115.11 (c)

- If this agency operates more than one facility, has each facility designated a PREA compliance manager? (N/A if agency operates only one facility.)  Yes  No  NA
- Does the PREA compliance manager have sufficient time and authority to coordinate the facility's efforts to comply with the PREA standards? (N/A if agency operates only one facility.)  Yes  No  NA

#### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

#### Documents:

1. Pre-Audit Questionnaire
2. OP-21.12<sup>ii</sup>
3. GA-06.11B
4. ADM-11.39
5. Organizational Charts

#### Interviews:

1. Interview with the PREA Coordinator

## 2. Interview with the PREA Compliance Manager

### Findings (By Provision):

**115.11 (a):** The agency's PREA Policies, OP-21.12 and GA-06.11B, mandate a zero-tolerance policy towards all forms of sexual abuse and sexual harassment and outlines the strategies on preventing, detecting and responding to such conduct. Agency policies address "preventing" sexual abuse and sexual harassment through the designation of a PC, a CM at each facility, criminal history background checks (staff, volunteers and contractors), training (staff, volunteers and contractors), staffing, intake/risk screening, inmate education and posting of signage (PREA posters, etc.). The policies address "detecting" sexual abuse and sexual harassment through training (staff, volunteers, and contractors) and intake/risk screening. The policies address "responding" to allegations of sexual abuse and sexual harassment through reporting, investigations, victim services, medical and mental health services, disciplinary sanctions for staff and inmates, incident reviews and data collection. The policies are consistent with the PREA standards and outline the agency's approach to sexual safety.

**115.11 (b):** The agency's organizational chart reflects that the PC position is an upper-level position and is agency-wide. The PREA Coordinator reports to the Deputy Director of Legal and Compliance who reports directly to the Agency Director. The PC was interviewed and he reported that he has enough time to manage his PREA responsibilities and that PREA is his only responsibility. He indicated that 21 Compliance Managers report to him and that he communicates with these individuals through email, Microsoft Teams and by visiting each institution. Throughout the audit process the PC demonstrated knowledge of the agency's policies and practices designed to promote sexual safety in the facility.

**115.11 (c):** The facility's organizational chart reflects that the CM position is the Associate Warden. This position reports directly to the Warden at the facility. The interview with the Compliance Manager indicates he has enough time to coordinate the facility's PREA responsibilities.

Based on the review of the PAQ, OP-21.12, GA-06.11B, organizational charts and interviews with the PC and CM this standard appears to be compliant.

## Standard 115.12: Contracting with other entities for the confinement of inmates

### 115.12 (a)

- If this agency is public and it contracts for the confinement of its inmates with private agencies or other entities including other government agencies, has the agency included the entity's obligation to comply with the PREA standards in any new contract or contract renewal signed on or after August 20, 2012? (N/A if the agency does not contract with private agencies or other entities for the confinement of inmates.)  Yes  No  NA

### 115.12 (b)

- Does any new contract or contract renewal signed on or after August 20, 2012 provide for agency contract monitoring to ensure that the contractor is complying with the PREA standards? (N/A if the agency does not contract with private agencies or other entities for the confinement of inmates.)  Yes  No  NA

**Exceeds Standard** (*Substantially exceeds requirement of standards*)

**Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

**Does Not Meet Standard** (*Requires Corrective Action*)

**Documents:**

1. Pre-Audit Questionnaire
2. Agency Contracts

**Interviews:**

1. Interview with the Agency's Contract Administrator

**Findings (By Provision):**

**115.12 (a):** The agency contracts with CoreCivic for the confinement of inmates. A review of the contract indicates that the agency includes language that requires the contractor to comply with the Federal Prison Rape Elimination Act (PREA) standards. Additionally, it states that the contractor shall ensure that all its employees, and all of the employees of other agencies who will directly or indirectly supervise or deal with inmates, including volunteers, are oriented and trained on their responsibilities related to PREA prior to allowing those employees or volunteers to have personal contact with the Department's inmates. The interview with the Contract Administrator indicated that the agency has a provision in the contract mandating compliance with PREA standards and the PC communicates and monitors for compliance. The interview also indicated that CoreCivic has had a PREA compliance audit completed within the previous twelve months and that it is posted on CoreCivic's website.

**115.12 (b):** The agency contracts with CoreCivic for the confinement of inmates. A review of the contract indicates that the agency includes language that requires the contractor to comply with the Federal Prison Rape Elimination Act (PREA) standards. Additionally, it states that the contractor shall ensure that all its employees, and all of the employees of other agencies who will directly or indirectly supervise or deal with inmates, including volunteers, are oriented and trained on their responsibilities related to PREA prior to allowing those employees or volunteers to have personal contact with the Department's inmates. The interview with the Contract Administrator indicated that the agency has a provision in the contract mandating compliance with PREA standards and the PC communicates and monitors for compliance. The interview also indicated that CoreCivic has had a PREA compliance audit completed within the previous twelve months and that it is posted on CoreCivic's website.

Based on the review of the PAQ, the agency contract and the interview with the Contract Administrator, this standard appears to be compliant.

**Standard 115.13: Supervision and monitoring**

**115.13 (a)**

- Does the facility have a documented staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect inmates against sexual abuse?  Yes  No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Generally accepted detention and correctional practices?  Yes  No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any judicial findings of inadequacy?  Yes  No
- In calculating adequate staffing levels and determining the need for video monitoring, does the

staffing plan take into consideration: Any findings of inadequacy from Federal investigative agencies?  Yes  No

- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any findings of inadequacy from internal or external oversight bodies?  Yes  No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: All components of the facility's physical plant (including "blind-spots" or areas where staff or inmates may be isolated)?  Yes  No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The composition of the inmate population?  Yes  No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The number and placement of supervisory staff?  Yes  No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The institution programs occurring on a particular shift?  Yes  No  NA
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any applicable State or local laws, regulations, or standards?  Yes  No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The prevalence of substantiated and unsubstantiated incidents of sexual abuse?  Yes  No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any other relevant factors?  Yes  No

#### 115.13 (b)

- In circumstances where the staffing plan is not complied with, does the facility document and justify all deviations from the plan? (N/A if no deviations from staffing plan.)  Yes  No  NA

#### 115.13 (c)

- In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The staffing plan established pursuant to paragraph (a) of this section?  Yes  No
- In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The facility's deployment of video monitoring systems and other monitoring technologies?  Yes  No

- In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The resources the facility has available to commit to ensure adherence to the staffing plan?  Yes  No

#### 115.13 (d)

- Has the facility/agency implemented a policy and practice of having intermediate-level or higher-level supervisors conduct and document unannounced rounds to identify and deter staff sexual abuse and sexual harassment?  Yes  No
- Is this policy and practice implemented for night shifts as well as day shifts?  Yes  No
- Does the facility/agency have a policy prohibiting staff from alerting other staff members that these supervisory rounds are occurring, unless such announcement is related to the legitimate operational functions of the facility?  Yes  No

#### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

#### Documents:

1. Pre-Audit Questionnaire
2. OP-22.48
3. GA-06.11B
4. Institutional Staffing Plan Lee
5. Staffing Plan Compliance Checklist
6. SCDC Form 164 & 164a

#### Interviews:

1. Interview with the Warden
2. Interview with the PREA Compliance Manager
3. Interview with the PREA Coordinator
4. Interview with Intermediate-Level or Higher-Level Facility Staff

#### Site Review Observations:

1. Staffing Levels Throughout the Facility
2. Cameras and Mirrors Utilized for Monitoring and Blind Spot Coverage

#### Findings (By Provision):

**115.13 (a):** GA-06.11B, page 2 indicates that each SCDC institution is required to develop and comply with a written documented staffing plan. The PAQ indicated that the agency requires facilities to develop, document and make its best efforts to comply on a regular basis with a staffing plan that provides for adequate levels of staffing. The PAQ indicated that the staffing plan takes into consideration; generally accepted detention practices, any judicial findings of inadequacy, any finding of inadequacy from Federal investigative agencies, any finding of inadequacy from internal or external oversight bodies, all components of the facility's physical plant, the composition of the inmate population, the number and

placement of supervisory staff, the institutional programs occurring on a particular shift, any applicable State or local laws, the prevalence of substantiated and unsubstantiated incidents of abuse and any other relevant factors. A review of the Institutional Staffing Plan confirmed that the required factors are included in the plan. Staff mainly make up two shifts, day shift works from 6:45am-7:00pm and evening shift works from 6:45pm-7:00am. An administrative shift also comprises security staff to assist with supervision and monitoring Monday through Friday. Captains serve as the shift supervisors and the Major is on-site Monday through Friday and serves as the highest security supervisory level staff. Shifts have two Lieutenants and four Sergeants to assist with supervisory duties. Additionally, each shift has at least twenty Correctional Officers, with six assigned to the east housing areas and six to the west housing areas. Additional officers are assigned to other areas to include; front gate, infirmary, cafeteria, yard, control room, visitation, etc. The interview with the Warden confirmed that the facility has a staffing plan and that it has different levels from normal to critical. He indicated the required factors are considered and that while video monitoring is taken into consideration that it does not affect the actual levels. He stated the staffing plan deals more with the inmate to staff ratio among the different areas of the facility. The Warden said the staffing plan follows the ACA standards and that internal auditing is conducted to ensure compliance with the plan. He also stated that if any serious incidents occur there are reviews that take place that looks at staffing to try to prohibit the incident from occurring again. The Warden stated that he monitors the staffing plan daily through the duty rosters that are send within the first hour of the shift. The CM confirmed that the facility has a staffing plan that provides adequate staffing levels and that they take into consideration the required factors. The CM indicated that all the required components are included in the staffing plan. During the tour the auditor observed that staff were present throughout the facility. Staffing was minimal during the audit; however the staffing plan is adequate. While the institution did have blind spots, cameras, reflective mirrors, staff supervision and required security rounds assist with monitoring these areas.

**115.13 (b):** The facility indicated on the PAQ and via a memo from the CM that this provision does not apply as Lee has never deviated from the staffing plan. GA-06.11B, page 2 states that each institution will document on SCDC Form 19-29A, "Incident Report", and log all instances of non-compliance with the staffing plan in the unit's logbook. A review of documentation indicated that the facility has deviated from their staffing plan over the previous twelve months. The facility staffing plan is routinely not followed due to a shortage of staff. The facility and the agency as a whole have implemented numerous recruiting efforts, including bonuses, to obtain and retain staff. The agency has a form that is being modified to document the appropriate deviations. Previously and currently the facility utilizes the staff roster to document any deviations from the staffing plan. The auditor reviewed fifteen examples of staff rosters and while a few indicated the facility was on lockdown due to staff shortages, there was not clear documentation related to the deviations from the plan and justification.

**115.13 (c):** The most recent staffing plan was reviewed on November 16, 2020. The plan is reviewed via the Staffing Plan Compliance Checklist. The plan was reviewed to assess, determine and document whether any adjustments were needed and if any additional resources were needed and available to commit to ensuring adherence to the staffing plan. Prior to 2019, reviews were completed by reviewing the post charts. The current PC initiated the current review process which meets the requirements under this provision. The PC confirmed in the interview that staffing reviews are completed annually and that he participates in the reviews.

**115.13 (d):** OP-22.48, section 4.2 indicates that all intermediate or higher-level supervisors, to include Warden, Associate Warden, Duty Wardens, Majors, and Shift Supervisors, who conduct unannounced rounds shall document "Unannounced Round" or "UAR" in the Reason for Visit column of the RHU Visitation Log or GP Visitation Log in each area visited. Additionally, the PAQ indicated that the facility prohibits staff from alerting other staff of the conduct of such rounds. Interviews conducted with intermediate-level or higher-level staff indicated that they conduct daily unannounced rounds and that rounds are documented in the unannounced rounds log and the log book. A review of two weeks of unannounced rounds for each housing unit confirmed that rounds were typically conducted daily by Shift Supervisors on both the day and night shift and that additional unannounced rounds were conducted by

the Warden, Associate Warden and/or Duty Warden within those two weeks. During the interviews, staff indicated that they do not let staff know when they are making rounds. Both staff indicated that they go from the east yard to the west yard throughout the day and that rounds are done sporadically.

Based on a review of the PAQ, OP-22.48, GA-06.11B, the Institutional Staffing Plan, documentation of unannounced rounds (SCDC 164 & 164a), observations made during the tour and interviews with intermediate-level or higher-level staff, the PC, the CM and the Warden, this standard appears to require corrective action. Specifically, provision (b) of this standard did not have the appropriate documentation related to deviations from the staffing plan. The current staffing plan was developed in November 2020, however prior to the plan the agency utilized their staffing rosters and post chart as their plan. A review of staffing rosters indicated that the facility has consistent staff shortages and as such deviate from their staffing plan. The documentation provided to the auditor indicated that a few rosters stated that specific dorms or the whole facility was placed on lockdown due to staff shortages, however there was not clear documentation of the deviations from the staffing plan and the justification for the deviations.

### **Corrective Action**

The auditor suggests that the agency expedite their deviations from the staffing plan form or create a method in the interim to clearly document the deviations from the staffing plan and the justification for the deviations. The auditor will require that LCI provide four day and night shift rosters monthly for four months (24 total) as well as the documentation notating any deviations from the plan on those days/shifts. The auditor will select the specific four days/nights for review, the Monday of the first week, the Wednesday of the second week, the Friday of the third week and the Tuesday of the fourth week.

### **Verification of Corrective Action since the Interim Audit Report**

The auditor gathered and analyzed the following additional evidence provided by the facility during the corrective action period relevant to the requirements in this standard.

#### **Additional Documents:**

1. Deviations from the Staffing Plan

After the issuance of the Interim Audit Report, the auditor and the facility discussed the corrective action related to provision (b). One April 21, 2021 the auditor was provided the eighteen documented examples of deviations from the staffing plan, four from November, three from December, three from January, four from February and four from March. All eighteen were documented on SCDC Form 19-212 and indicated the positions that were vacant due to staff shortage. Based on the numerous examples confirming deviations were documented on SCDC Form 19-212, the auditor determined that the documentation illustrates corrective action and compliance under provision (b). The facility documents all deviations from the staffing plan on the appropriate form and also through the duty roster.

## **Standard 115.14: Youthful inmates**

### **115.14 (a)**

- Does the facility place all youthful inmates in housing units that separate them from sight, sound, and physical contact with any adult inmates through use of a shared dayroom or other common space, shower area, or sleeping quarters? (N/A if facility does not have youthful inmates [inmates <18 years old].)  Yes  No  NA

### **115.14 (b)**

- In areas outside of housing units does the agency maintain sight and sound separation between youthful inmates and adult inmates? (N/A if facility does not have youthful inmates [inmates <18 years old].)  Yes  No  NA
- In areas outside of housing units does the agency provide direct staff supervision when youthful inmates and adult inmates have sight, sound, or physical contact? (N/A if facility does not have youthful inmates [inmates <18 years old].)  Yes  No  NA

#### 115.14 (c)

- Does the agency make its best efforts to avoid placing youthful inmates in isolation to comply with this provision? (N/A if facility does not have youthful inmates [inmates <18 years old].)  Yes  No  NA
- Does the agency, while complying with this provision, allow youthful inmates daily large-muscle exercise and legally required special education services, except in exigent circumstances? (N/A if facility does not have youthful inmates [inmates <18 years old].)  Yes  No  NA
- Do youthful inmates have access to other programs and work opportunities to the extent possible? (N/A if facility does not have youthful inmates [inmates <18 years old].)  Yes  No  NA

#### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

#### Documents:

1. Pre-Audit Questionnaire
2. Memorandum from the Compliance Manager

#### Interviews:

1. Interview with the Warden
2. Interview with the PREA Compliance Manager

#### Site Review Observations:

1. Observations in Housing Units Related to Age of Inmates

#### Findings (By Provision):

**115.14 (a):** The PAQ as well as the memo from the CM indicated that Lee CI does not house inmates under the age of 18. While the agency does house youthful inmates, Lee CI does not. During the tour, it was observed that no inmates under the age of 18 were housed at the facility. Interviews with the Warden and CM confirmed that no inmates under the age of 18 are housed or have been housed at the facility during the audit period.

**115.14 (b):** The PAQ as well as the memo from the CM indicated that Lee CI does not house inmates under the age of 18. While the agency does house youthful inmates, Lee CI does not. During the tour, it

was observed that no inmates under the age of 18 were housed at the facility. Interviews with the Warden and CM confirmed that no inmates under the age of 18 are housed or have been housed at the facility during the audit period.

**115.14 (c):** The PAQ as well as the memo from the CM indicated that Lee CI does not house inmates under the age of 18. While the agency does house youthful inmates, Lee CI does not. During the tour, it was observed that no inmates under the age of 18 were housed at the facility. Interviews with the Warden and CM confirmed that no inmates under the age of 18 are housed or have been housed at the facility during the audit period.

Based on a review of the PAQ, the memo from the CM, observations made during the tour and information from interviews with the Warden and CM, this standard appears to be non-applicable and as such, compliant.

## Standard 115.15: Limits to cross-gender viewing and searches

### 115.15 (a)

- Does the facility always refrain from conducting any cross-gender strip or cross-gender visual body cavity searches, except in exigent circumstances or by medical practitioners?  
 Yes  No

### 115.15 (b)

- Does the facility always refrain from conducting cross-gender pat-down searches of female inmates, except in exigent circumstances? (N/A if the facility does not have female inmates.)  
 Yes  No  NA
- Does the facility always refrain from restricting female inmates' access to regularly available programming or other out-of-cell opportunities in order to comply with this provision? (N/A if the facility does not have female inmates.)  Yes  No  NA

### 115.15 (c)

- Does the facility document all cross-gender strip searches and cross-gender visual body cavity searches?  Yes  No
- Does the facility document all cross-gender pat-down searches of female inmates? (N/A if the facility does not have female inmates.)  Yes  No  NA

### 115.15 (d)

- Does the facility have policies that enables inmates to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks?  Yes  No
- Does the facility require staff of the opposite gender to announce their presence when entering an inmate housing unit?  Yes  No

### 115.15 (e)

- Does the facility always refrain from searching or physically examining transgender or intersex inmates for the sole purpose of determining the inmate's genital status?  Yes  No
- If an inmate's genital status is unknown, does the facility determine genital status during conversations with the inmate, by reviewing medical records, or, if necessary, by learning that information as part of a broader medical examination conducted in private by a medical practitioner?  Yes  No

### 115.15 (f)

- Does the facility/agency train security staff in how to conduct cross-gender pat down searches in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs?  Yes  No
- Does the facility/agency train security staff in how to conduct searches of transgender and intersex inmates in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs?  Yes  No

### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

### Documents:

1. Pre-Audit Questionnaire
2. OP-22.14 (2.4)
3. OP-22.19
4. GA-06.09
5. Contraband and Searches Training Curriculum
6. PRC's Guidance in Cross Gender and Transgender Pat Searches
7. PREA Roll Call Refresher – Working with Transgender Inmates
8. Staff Training Records

### Interviews:

1. Interview with Random Staff
2. Interview with Random Inmates
3. Interview with Transgender/Intersex Inmates

### Site Review Observations:

1. Observations of Adequate Privacy
2. Observation of Absence of Female Inmates
3. Observation of Cross Gender Announcement

### Findings (By Provision):

**115.15 (a):** OP-22.19, section 4.3 states that strip searches will be performed by employees of the same sex as the person being searched, except in extreme emergencies by the Major, or when the search is performed by medical practitioners. Section 5.6 states that only a physician or specially trained nursing personnel are authorized to conduct a body cavity search. Body cavity searches will always be witnessed by trained security staff of the same sex as the inmate being searched. The PAQ indicated that the facility does not conduct cross gender strip or cross gender visual body cavity searches.

**115.15 (b):** The PAQ indicated that no female inmates are housed at the facility and therefore this section of the standard would not apply. A review of the daily population report for the previous twelve months as well as observations made during the tour indicated that no female inmates are or were housed at the facility in the previous twelve months.

**115.15 (c):** OP-22.19, section 4.3 requires that facilities shall document all cross-gender strip searches and section 5.2 requires that body cavity searches be documented on an incident report. The PAQ indicated that no cross-gender searches have been conducted in the previous twelve months and that female inmates are not housed at the facility.

**115.15 (d):** The PAQ indicated that the facility has implemented policies and procedures that enable inmates to shower, perform bodily functions, and change clothing without non-medical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks. Interviews with random inmates and interviews with random staff indicated that inmates have privacy while showering, using the restroom and changing clothes via curtains and doors. 37 of the 40 inmates interviewed indicated they had never been naked in front of a female staff member. Additionally, all twelve staff indicated that inmates have privacy while showering, changing clothes and using the restroom. The auditor observed that all housing units with the exception of RHU afforded inmates privacy. F1 through F6, F7B and the infirmary provide inmates privacy via shower curtains and solid cell doors. RHU provides inmates privacy via solid cell doors, however the showers in RHU are open bar stock and permit cross gender viewing. During the on-site portion of the audit the facility had started the process of adding expanded metal to the showers to afford privacy. Only one shower had been completed at the time of the on-site portion of the audit and was not sufficient privacy for 92 inmates. OP-22.14 (2.4), section 3, indicates that the Housing Unit Officer will announce "Female in Unit" upon a female entering the unit or inmate restroom. Interviews with staff indicated that eleven of the twelve were aware that female staff were required to announce their presence when entering an inmate housing unit. Twelve of the 40 inmates indicated that female staff announce when they enter housing areas. During the tour, the auditor heard staff make the opposite gender announcement.

**115.15 (e):** OP-22.19, section 6 prohibits staff from searching or physically examining a transgender or intersex inmate for the sole purpose of determining the inmate's genital status. The policy further states that they shall not be subjected to more invasive searches than inmates who are not transgender or intersex. The PAQ indicated that there had been no searches of this nature within the past twelve months. Interviews with random staff indicated seven of the twelve were aware of a policy prohibiting these searches. Four staff members indicated they were not sure if there was a policy because they did not house any transgender inmates. No transgender or intersex inmates were housed at LCI during the audit and therefore no interviews were able to be conducted.

**115.15 (f):** OP-22.19, section 13.1 states that security staff shall be trained specifically on how to conduct cross-gender frisk searches, and searches of transgender and intersex inmates, in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs. Further, GA-06.09, page 3 indicates that transgender inmates are allowed to indicate in writing which gender they feel most comfortable being searched by to include frisk (pat) searches and strip searches. The PAQ indicated that 100% of security staff had received this training. A review of the Contraband and Searches training curriculum indicated that staff are trained on the types of allowable searches and the procedures for conducting searches. The auditor further reviewed the training documents and spoke with the PC and determined that all inmates are pat searched in the same manner. SCDC policy and training indicates that transgender inmates are searched based upon the gender that they identify. If an inmate identifies

as a female then the inmate is pat searched in accordance with female pat search policy and training. All searches are conducted in a professional and respectful manner. As such, all inmates, regardless of gender or gender identity are searched the same. Additionally, recently SCDC has implemented the PREA Resource Center Guidance on Cross Gender and Transgender Pat Searches video. Interviews with random staff indicated that nine staff had received this training via a video. Most staff indicated they received this within the previous year. A review of a sample of twelve staff training records indicated that nine had received the inmate searches training.

Based on a review of the PAQ, OP-22.14, OP-22.19, GA-06.09, the Contraband and Searches training curriculum, the PRC video, the PREA Roll Call Refresher, a random sample of staff training records, observations made during the tour to include shower curtains, expanded metal and solid doors for privacy, observation of the opposite gender announcement and information from interviews with random staff and random inmates this standard appears to require corrective action. While the majority of the housing units provided inmates privacy, the RHU showers were open bar stock and allowed for cross gender viewing. At the time of the audit the facility was adding expanded metal to the showers to alleviate the issues, however only one shower was complete at the time of the on-site portion of the audit. Additionally, while the agency has a policy that prohibits staff from physically searching a transgender inmate for the sole purpose of determining his/her genital status, almost half of the staff interviewed were unaware of the policy. Three of the twelve staff interviewed also did not receive the cross-gender searches and transgender and intersex searches training and were not documented with it being completed either. As such, provisions (d) and (f) require corrective action and provision (e) has recommendations.

### **Corrective Action**

The facility will need to complete the addition of the expanded metal to the showers in RHU. Once completed the facility will need to send the auditor photographic evidence indicating that all showers provide appropriate privacy via the expanded metal. This will satisfy provision (d) of this standard. With regard to provision (f), the auditor suggests the facility will need to ensure all staff have received the cross-gender searches and searches of transgender and intersex inmates training. The auditor will need documentation proving the three staff that were not documented with the training have received the appropriate training as well a memo from the Warden indicating the date that all staff at the facility have completed the search training. Additionally, the auditor requests that staff training records/rosters for a sample of 30 additional staff that received the search training is included with the memo.

### **Recommendation**

While provision (e) is compliant under the policy requirements of this standard it is highly recommended that the facility either conduct a supplemental PREA training where it is emphasized that the agency has a policy that prohibits physically searching a transgender or intersex inmate for the sole purpose of determining their genital status or that the information is emphasized during the 2021 annual PREA training or the cross-gender searches and searches of transgender and intersex inmates training.

### **Verification of Corrective Action since the Interim Audit Report**

The auditor gathered and analyzed the following additional evidence provided by the facility during the corrective action period relevant to the requirements in this standard.

#### **Additional Documents:**

1. Photos of the RHU Shower Modification
2. Memorandum from the Compliance Manager
3. Staff Cross Gender and Transgender Search Training Records

After the issuance of the Interim Audit Report, the auditor and the facility discussed the corrective action related to this standard. On June 4, 2021 the auditor received three photos of the RHU showers confirming that expanded metal was added to afford inmates privacy. Additionally, on May 7, 2021 the facility provided the auditor with a memo indicating that all staff had received the cross-gender and transgender search training as well as 33 staff training records (including the three previously requested staff records) documenting that the training was completed in April 2021 and May 2021. Based on the photos, memo from the CM and the additional staff training records, this standard appears to be corrected and as such compliant.

## **Standard 115.16: Inmates with disabilities and inmates who are limited English proficient**

### **115.16 (a)**

- Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who are deaf or hard of hearing?  Yes  No
- Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who are blind or have low vision?  Yes  No
- Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who have intellectual disabilities?  Yes  No
- Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who have psychiatric disabilities?  Yes  No
- Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who have speech disabilities?  Yes  No
- Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Other (if "other," please explain in overall determination notes)?  Yes  No
- Do such steps include, when necessary, ensuring effective communication with inmates who are deaf or hard of hearing?  Yes  No
- Do such steps include, when necessary, providing access to interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary?  Yes  No

- Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with inmates with disabilities including inmates who: Have intellectual disabilities?  Yes  No
- Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with inmates with disabilities including inmates who: Have limited reading skills?  Yes  No
- Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with inmates with disabilities including inmates who: Are blind or have low vision?  Yes  No

#### 115.16 (b)

- Does the agency take reasonable steps to ensure meaningful access to all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment to inmates who are limited English proficient?  Yes  No
- Do these steps include providing interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary?  Yes  No

#### 115.16 (c)

- Does the agency always refrain from relying on inmate interpreters, inmate readers, or other types of inmate assistance except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the inmate's safety, the performance of first-response duties under §115.64, or the investigation of the inmate's allegations?  Yes  No

#### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

#### Documents:

1. Pre-Audit Questionnaire
2. OP-21.12
3. GA-06.11B
4. PREA Roll Call Refresher – Helping Inmates who Primarily Speak Another Language
5. American Sign Language (ASL) Information
6. Language Line Information
7. School for the Deaf and the Blind Information
8. Let's Talk About Safety Brochure

#### Interviews:

1. Interview with the Agency Head Designee
2. Interview with Inmates with Disabilities
3. Interview with LEP Inmates

#### 4. Interview with Random Staff

##### **Site Review Observations:**

1. Observations of PREA Posters in English and Spanish

##### **Findings (By Provision):**

**115.16 (a):** OP-21.12, section 1.1.3 establishes that inmate orientation and orientation materials will be provided in formats which are accessible to all inmates, including those who are limited English proficient, deaf, visually impaired, or otherwise disabled, as well as to inmates who have limited reading skills. The agency has an agreement with Esmeralda Concepcion for sign language interpretation services as well as a relationship with the School for the Deaf and the Blind for braille translated materials. A review of the PREA brochure and PREA posters confirmed that information is available in bright colors, larger font and in Spanish. The interview with the Agency Head Designee confirmed that the SCDC has established procedures to provide inmates with disabilities and LEP inmates equal opportunity to participate in PREA efforts. She stated that LEP inmates are provided with an orientation video, brochure and PREA signage in Spanish and other languages. She also indicated that a sign language interpreter is available for deaf inmates while braille information is available for blind inmates. Interviews with the two disabled inmates and six LEP inmates indicated that six received information in a format they could understand. One inmate indicated that the information was via video and it was in English and he did not understand it. The other inmate indicated that he had not received any information at all at LCI. A review of the two disabled inmate files and the six LEP inmate files indicated that seven received PREA information and signed that they understood the information. One LEP inmate was missing documentation corroborating his PREA education. During the tour, the PREA signage was observed to be in large text, bright colors and in English and Spanish.

**115.16 (b):** OP-21.12, section 1.1.3 establishes that inmate orientation and orientation materials will be provided in formats which are accessible to all inmates, including those who are limited English proficient, deaf, visually impaired, or otherwise disabled, as well as to inmates who have limited reading skills. The facility utilizes LanguageLine Solutions to provide translation services in over 240 languages. A review of the PREA brochure and PREA posters confirmed that information is available English and in Spanish. It was also noted that the information could be translated to other languages when necessary. The interview with the Agency Head Designee confirmed that the SCDC has established procedures to provide inmates with disabilities and LEP inmates equal opportunity to participate in PREA efforts. She stated that LEP inmates are provided with an orientation video, brochure and PREA signage in Spanish and other languages. Interviews with the two disabled inmates and six LEP inmates indicated that six received information in a format they could understand. One inmate indicated that the information was via video and it was in English and he did not understand it. The other inmate indicated that he had not received any information at all at LCI. A review of the two disabled inmate files and the six LEP inmate files indicated that seven received PREA information and signed that they understood the information. One LEP inmate was missing documentation corroborating his PREA education. During the tour, the PREA signage was observed to be in large text, bright colors and in English and Spanish.

**115.16 (c):** GA-06.11B, page 2 states that SCDC will not rely on inmate interpreters, inmate readers or any other type of inmate assistants in obtaining information regarding investigations that may compromise the safety of the inmate. The PAQ indicated that there were no instances where an inmate was utilized to interpret, read or otherwise assist. The PREA Roll Call Refresher confirms that staff are provided information that another inmate is only able to translate if someone is in danger and that otherwise staff should utilize the state-run program or a bilingual staff member. Interviews with random staff indicated that eight of the twelve knew that inmates are not utilized to interpret, translate or assist for sexual abuse or sexual harassment allegations. All twelve did indicated that they were unaware of a time an inmate was ever utilized. Interviews with two disabled inmates and six LEP inmates indicated that none had ever had another inmate utilized to translate, interpret or provide assistance for a sexual abuse or sexual harassment allegation.

Based on a review of the PAQ, OP-21.12, GA-06.11B, the ASL information, the braille education materials, the LanguageLine information, the PREA Roll Call Refresher, the PREA brochure, observations made during the tour to include the PREA signage and information from interviews with the Agency Head Designee, random staff, LEP inmates and disabled inmates indicate that this standard appears to be compliant.

### Recommendation

While provision (c) is compliant, based on the staff interviews and the inconsistency with awareness of whether inmates can be utilized to interpret, read or provide assistance, the auditor highly recommends that the facility provide training to all current staff on this policy prohibition. The auditor suggests the facility either conduct a supplemental PREA training where it is emphasized that the agency has a policy that prohibits the use of inmate assistance, readers or translators for sexual abuse and sexual harassment allegations or that the information is emphasized during the 2021 annual PREA training. Additionally, while documentation and interviews indicate that disabled and LEP inmates receive PREA information in a format that they understand, the auditor highly recommends that the PREA education process is reviewed for LEP and disabled inmates and that they are afforded the opportunity to sign a form of acknowledgment in their primary language and/or a form that accommodates their disability (larger print, colors, etc.).

## Standard 115.17: Hiring and promotion decisions

### 115.17 (a)

- Does the agency prohibit the hiring or promotion of anyone who may have contact with inmates who has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)?  Yes  No
- Does the agency prohibit the hiring or promotion of anyone who may have contact with inmates who has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse?  Yes  No
- Does the agency prohibit the hiring or promotion of anyone who may have contact with inmates who has been civilly or administratively adjudicated to have engaged in the activity described in the question immediately above?  Yes  No
- Does the agency prohibit the enlistment of services of any contractor who may have contact with inmates who has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)?  Yes  No
- Does the agency prohibit the enlistment of services of any contractor who may have contact with inmates who has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse?  Yes  No
- Does the agency prohibit the enlistment of services of any contractor who may have contact with inmates who has been civilly or administratively adjudicated to have engaged in the activity described in the question immediately above?  Yes  No

### 115.17 (b)

- Does the agency consider any incidents of sexual harassment in determining whether to hire or promote anyone who may have contact with inmates?  Yes  No
- Does the agency consider any incidents of sexual harassment in determining whether to enlist the services of any contractor who may have contact with inmates?  Yes  No

#### 115.17 (c)

- Before hiring new employees, who may have contact with inmates, does the agency perform a criminal background records check?  Yes  No
- Before hiring new employees who may have contact with inmates, does the agency, consistent with Federal, State, and local law, make its best efforts to contact all prior institutional employers for information on substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse?  Yes  No

#### 115.17 (d)

- Does the agency perform a criminal background records check before enlisting the services of any contractor who may have contact with inmates?  Yes  No

#### 115.17 (e)

- Does the agency either conduct criminal background records checks at least every five years of current employees and contractors who may have contact with inmates or have in place a system for otherwise capturing such information for current employees?  Yes  No

#### 115.17 (f)

- Does the agency ask all applicants and employees who may have contact with inmates directly about previous misconduct described in paragraph (a) of this section in written applications or interviews for hiring or promotions?  Yes  No
- Does the agency ask all applicants and employees who may have contact with inmates directly about previous misconduct described in paragraph (a) of this section in any interviews or written self-evaluations conducted as part of reviews of current employees?  Yes  No
- Does the agency impose upon employees a continuing affirmative duty to disclose any such misconduct?  Yes  No

#### 115.17 (g)

- Does the agency consider material omissions regarding such misconduct, or the provision of materially false information, grounds for termination?  Yes  No

#### 115.17 (h)

- Does the agency provide information on substantiated allegations of sexual abuse or sexual harassment involving a former employee upon receiving a request from an institutional employer for whom such employee has applied to work? (N/A if providing information on substantiated allegations of sexual abuse or sexual harassment involving a former employee is prohibited by law.)  Yes  No  NA

### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

### Documents:

1. Pre-Audit Questionnaire
2. Admin 11.28
3. POL-23.31
4. GA-06.11B
5. PREA Questionnaire
6. Personnel Files of Staff
7. Contractor Background Files

### Interviews:

1. Interview with Human Resource Staff

### Site Review Observations:

1. Review of Employee Personnel Files
2. Review of Contractor Personnel Files

### Findings (By Provision):

**115.17 (a):** Admin 11.28, section 9.12 indicates that applicants will be checked through the National Criminal Information Center (NCIC) before an official offer of employment is extended. Any applicant with a felony conviction(s) or drug related conviction(s) within ten years will not be hired by the agency for any position. Also, any applicant that has been convicted of engaging in or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion or if the victim did not consent or was unable to consent or refuse or has been civilly or administratively adjudicated to have engaged in or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, coercion or if the victim did not consent or was unable to consent or refuse will not be hired by the agency for any position. The PAQ indicated that the agency prohibits hiring or promoting anyone who has engaged in the activities under this provision. A review of personnel documentation for a sample of six staff hired in the previous twelve months confirmed that all six had a criminal background check completed prior to hiring. Additionally the three contractors reviewed had a background check completed prior to enlisting their services.

**115.17 (b):** GA-06.11B, page 2 indicates that individuals who have engaged in sexual harassment will be considered on a case by case basis. The PAQ as well as the interview with the Human Resource staff indicated that sexual harassment is considered when hiring or promoting staff or enlisting services of any contractors.

**115.17 (c):** Admin 11.28, section 9.12 indicates that applicants will be checked through the National Criminal Information Center (NCIC) before an official offer of employment is extended. Any applicant with a felony conviction(s) or drug related conviction(s) within ten years will not be hired by the agency for any position. Also, any applicant that has been convicted of engaging in or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion or if the victim did not consent or was unable to consent or refuse or has been civilly or administratively adjudicated to have engaged in or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, coercion or if the victim did not consent or was unable to consent or refuse will not be hired by the agency for any position. Additionally, POL-23.31, sections 1.3 indicates that the SCDC Fusion Center will conduct a criminal record check on the candidate. The PAQ indicated that 100% (38 staff) of those hired in the past twelve months that may have contact with inmates had received a criminal background check and prior institutional employers were contacted. A review of a sample of personnel documentation for six staff hired in the previous twelve months indicated that 100% of those reviewed had a criminal background completed and necessary institutional checks. Human Resource staff indicated that a NCIC check is completed for all applicants and they also go over the PREA compliance questionnaire with all applicants. The Human Resource staff member also confirmed that all contractors have a background completed as well prior to receiving authority to report to any of the SCDC's facilities.

**115.17 (d):** The PAQ indicated that there has been one contract at the facility within the past twelve months. The contract is for medical and seventeen staff are part of the contract. The PAQ stated that 100% of the contractors have had a criminal background check prior to enlisting services. A review of three contractor personnel files indicated that criminal background checks had been completed. Human Resource staff confirmed that all contractors have a background check completed prior to receiving authority to report to any of the SCDC's facilities.

**115.17 (e):** GA-06.11B, page 2 states that the SCDC shall conduct criminal background record checks at least every five years for current employees and contractors who may have contact with residents or have in place a system for otherwise capturing such information for current employees. The agency conducts criminal history checks through NCIC. Additionally, all staff are fingerprinted and any subsequent arrest is immediately reported to the agency. The auditor requested an example of an employee arrest where it was reported directly to the agency. A review of the documentation indicated that the staff member was arrested on December 15, 2020 and the information was provided to Police Services who forwarded it to Human Resources and the institution. The interview with the Human Resource staff member confirmed that all staff and contractors are required to have a criminal background check through NCIC. The interview also indicated that Central Office Human Resource Office and the Institutional Human Resource Manager conduct the required five-year background checks. Further conversation with the PC indicated that because staff are fingerprinted and all subsequent arrests are reported directly to the agency, that five-year checks are no longer completed.

**115.17 (f):** A review of the SCDC employment application indicates that page 3 has a section where staff are asked; "Have you ever been accused of or been found liable of sexual abuse/sexual misconduct/sexual harassment or resigned during a pending investigation of a sexual abuse/sexual misconduct/sexual harassment allegation with any previous employer?", "Have you ever been arrested?", "Have you ever been charged with a crime?" and "Have you ever been convicted of a crime?". A review of personnel documentation indicated all hired staff are required to complete an application and indicate yes or no on the above questions. Additionally, the interview with Human Resource staff confirmed that all applicants are asked the PREA questions prior to being hired. Additionally, he indicated that institutional leadership encourage the Employee Conduct policy which reminds staff of the stiff penalties in doing something detrimental to the safety of the mission and the offenders.

**115.17 (g):** Admin 11.28, section 4.1 indicates that falsification, omission, or misrepresentation of official information or facts may result in the withdrawal of an official offer of employment or immediate termination if the individual in questions has already begun work. Additionally, the PAQ indicated that agency policy states that material omissions regarding such misconduct, or the provision of materially false information, shall be grounds for termination.

**115.17 (h):** Human Resource staff indicated that the agency follows the employment verification policy. He also stated that a PREA questionnaire is submitted for all prior corrections and law enforcement employers.

Based on a review of the PAQ, Admin 11.28, POL-23.31, GA-06.11B, the employment application, a review of personnel files for staff and contractors and information obtained from the Human Resource staff interview indicates that this standard appears to be compliant.

## Standard 115.18: Upgrades to facilities and technologies

### 115.18 (a)

- If the agency designed or acquired any new facility or planned any substantial expansion or modification of existing facilities, did the agency consider the effect of the design, acquisition, expansion, or modification upon the agency's ability to protect inmates from sexual abuse? (N/A if agency/facility has not acquired a new facility or made a substantial expansion to existing facilities since August 20, 2012, or since the last PREA audit, whichever is later.)  
 Yes  No  NA

### 115.18 (b)

- If the agency installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology, did the agency consider how such technology may enhance the agency's ability to protect inmates from sexual abuse? (N/A if agency/facility has not installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology since August 20, 2012, or since the last PREA audit, whichever is later.)  
 Yes  No  NA

### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

### Documents:

1. Pre-Audit Questionnaire

### Interviews:

1. Interview with the Agency Head Designee
2. Interview with the Warden

### Site Review Observations:

1. Observations of Any Modification to the Physical Plant
2. Observations of Monitoring Technology

### Findings (By Provision):

**115.18 (a):** The PAQ indicated that the facility has not acquired a new facility or made a substantial modification since the last PREA audit. The interview with the Warden confirmed there have not been any substantial modifications to the facility since August 20, 2012. The interview with the Agency Head Designee indicated that the PC meets frequently with Wardens, CM and facility management to tour the institutions, discuss PREA safety measures needed for each institution and develop plans to enhance the ability to protect inmates from sexual abuse. The PC also works with the Director of Compliance, Standards and Inspections to ensure that renovations to institutions comply with state and national standards. During the tour, the auditor did not observe any renovations or modifications.

**115.18 (b):** The PAQ indicated that there have been upgrades or installation of video monitoring technology at the facility since the last PREA audit. The facility has cameras throughout the housing units, the cafeterias and visitation. Additionally, cameras have been ordered recently for the remainder of the common areas. The interview with the Agency Head Designee indicated that the agency has recently increased the number of cameras in many of the institutions to monitor activities. Cameras are monitored at the institution but there are also certain cameras that can be monitored at the central office level. The interview with the Warden indicated that video monitoring is a huge deterrent and helps prevent issues and incidents. He stated that they review the use of or absence of video monitoring during any incidents and if a camera would have assisting in preventing the incident then they request for that additional video monitoring to protect the inmates.

Based on a review of the PAQ, observations made during the tour to include video monitoring technology placement and absence of substantial physical plant modifications as well as information obtained during interviews with the Agency Head Designee and the Warden, this standard appears to be compliant.

## RESPONSIVE PLANNING

### Standard 115.21: Evidence protocol and forensic medical examinations

#### 115.21 (a)

- If the agency is responsible for investigating allegations of sexual abuse, does the agency follow a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.)  
 Yes  No  NA

#### 115.21 (b)

- Is this protocol developmentally appropriate for youth where applicable? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.)  Yes  No  NA
- Is this protocol, as appropriate, adapted from or otherwise based on the most recent edition of the U.S. Department of Justice's Office on Violence Against Women publication, "A National Protocol for Sexual Assault Medical Forensic Examinations, Adults/Adolescents," or similarly comprehensive and authoritative protocols developed after 2011? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.)  Yes  No  NA

#### 115.21 (c)

- Does the agency offer all victims of sexual abuse access to forensic medical examinations, whether on-site or at an outside facility, without financial cost, where evidentiarily or medically appropriate?  Yes  No
- Are such examinations performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) where possible?  Yes  No
- If SAFEs or SANEs cannot be made available, is the examination performed by other qualified medical practitioners (they must have been specifically trained to conduct sexual assault forensic exams)?  Yes  No
- Has the agency documented its efforts to provide SAFEs or SANEs?  Yes  No

#### 115.21 (d)

- Does the agency attempt to make available to the victim a victim advocate from a rape crisis center?  Yes  No
- If a rape crisis center is not available to provide victim advocate services, does the agency make available to provide these services a qualified staff member from a community-based organization, or a qualified agency staff member? (N/A if the agency *always* makes a victim advocate from a rape crisis center available to victims.)  Yes  No  NA
- Has the agency documented its efforts to secure services from rape crisis centers?  Yes  No

#### 115.21 (e)

- As requested by the victim, does the victim advocate, qualified agency staff member, or qualified community-based organization staff member accompany and support the victim through the forensic medical examination process and investigatory interviews?  Yes  No
- As requested by the victim, does this person provide emotional support, crisis intervention, information, and referrals?  Yes  No

#### 115.21 (f)

- If the agency itself is not responsible for investigating allegations of sexual abuse, has the agency requested that the investigating agency follow the requirements of paragraphs (a) through (e) of this section? (N/A if the agency/facility is responsible for conducting criminal AND administrative sexual abuse investigations.)  Yes  No  NA

#### 115.21 (g)

- Auditor is not required to audit this provision.

#### 115.21 (h)

- If the agency uses a qualified agency staff member or a qualified community-based staff member for the purposes of this section, has the individual been screened for appropriateness to serve in this role and received education concerning sexual assault and forensic examination issues in general? (N/A if agency *always* makes a victim advocate from a rape crisis center available to victims.)  Yes  No  NA

### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

### Documents:

1. Pre-Audit Questionnaire
2. POL-23.01
3. POL-23.28
4. GA-06.11B
5. Memorandum of Understanding (MOU) with the Family Resource Center (FRC)
6. Investigative Reports

### Interviews:

1. Interview with Random Staff
2. Interview with the PREA Compliance Manager
3. Interview with Inmates who Reported Sexual Abuse

### Findings (By Provision):

**115.21 (a):** The PAQ indicated that the agency is responsible for conducting administrative and criminal investigations and that when conducting sexual abuse investigations, the agency follows a uniform evidence protocol. GA-06.11B, page 2 indicates that Police Services is responsible for investigating all allegations of sexual abuse, consistent with SCDC policy POL-23.01. POL-23.01 and POL-23.28 detail evidence collection, storage and destruction and make up the policies that outline the evidence protocol. Interviews with random staff indicated that nine of the twelve were aware of evidence protocol (mainly through evidence preservation). Most indicated they would preserve the scene and not let the inmates destroy any evidence. Eleven of the twelve staff indicated that the CM and/or Police Services would be responsible for the sexual abuse investigation.

**115.21 (b):** The PAQ indicated that the protocol is developed appropriate for youth as well as was adapted from the DOJ's Office of Violence Against Women publication, "A National Protocol for Sexual Assault Medical Forensic Examinations, Adult/Adolescents". POL-23.01 and POL-23.28 detail evidence collection, storage and destruction and was developed based on the DOJ's protocol.

**115.21 (c):** The PAQ stated that the facility offers inmates who experience sexual abuse access to forensic medical examinations and that they are provided at an outside facility. The PAQ indicated that during the previous twelve months, there have been zero forensic examination conducted by a Sexual Assault Forensic Examiner (SAFE) or Sexual Assault Nurse Examiner (SANE). A review of investigative reports indicated that there were no allegations that warranted a forensic examination and as such no exams were conducted within the previous twelve months. An interview of a SANE/SAFE was not conducted due to the SANE/SAFE being employed by a local hospital.

**115.21 (d):** The PAQ indicated that the agency attempts to make available to the victim a victim advocate from a rape crisis center and if and when a rape crisis center is not available to provide victim advocacy services, the facility provides a qualified staff member from a community-based organization or a qualified agency staff member. A review of documentation indicated that the facility has an MOU with the Family Resource Center. The FRC is the only rape crisis center for Kershaw and Lee counties. The MOU was executed on March 29, 2017 and outlines the advocacy services the center provides to inmates. The interview with the CM indicated that the facility has an MOU with the FRC and that they would contact the center anytime an inmate is transported to the outside hospital for a forensic examination. He stated that the inmate does not have to request the advocate, but rather they notify them either way. The interviews with inmates who reported sexual abuse, were actual inmates who reported sexual harassment and as such did not require a forensic examination or an advocate.

**115.21 (e):** The PAQ indicated that as requested by the victim, the victim advocate, qualified agency staff member, or qualified community-based organization staff member shall accompany the victim during the forensic medical examination and investigatory interviews. The interview with the CM indicated that the facility has an MOU with the FRC and that they would contact the center anytime an inmate is transported to the outside hospital for a forensic examination. He stated that the inmate does not have to request the advocate, but rather they notify them either way. The interviews with inmates who reported sexual abuse, were actual inmates who reported sexual harassment and as such did not require a forensic examination or an advocate.

**115.21 (f):** The agency is responsible for conducting both criminal and administrative investigations and as such this provision is not applicable.

**115.21 (g):** The auditor is not required to audit this provision.

**115.21 (h):** The auditor is not required to audit this provision.

Based on a review of the PAQ, POL-23.01, POL-23.28, GA-06.11B, the MOU with the Family Resource Center and information from interviews with random staff and the Compliance Manager, this standard appears to be compliant.

## **Standard 115.22: Policies to ensure referrals of allegations for investigations**

### **115.22 (a)**

- Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual abuse?  Yes  No
- Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual harassment?  Yes  No

### **115.22 (b)**

- Does the agency have a policy and practice in place to ensure that allegations of sexual abuse or sexual harassment are referred for investigation to an agency with the legal authority to conduct criminal investigations, unless the allegation does not involve potentially criminal behavior?  Yes  No
- Has the agency published such policy on its website or, if it does not have one, made the policy available through other means?  Yes  No

- Does the agency document all such referrals?  Yes  No

#### 115.22 (c)

- If a separate entity is responsible for conducting criminal investigations, does the policy describe the responsibilities of both the agency and the investigating entity? (N/A if the agency/facility is responsible for criminal investigations. See 115.21(a).)  Yes  No  NA

#### 115.22 (d)

- Auditor is not required to audit this provision.

#### 115.22 (e)

- Auditor is not required to audit this provision.

### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

### Documents:

1. Pre-Audit Questionnaire
2. POL-23.01
3. OP-21.12
4. Investigative Reports

### Interviews:

1. Interview with the Agency Head Designee
2. Interview with Investigative Staff

### Findings (By Provision):

**115.22 (a):** POL-23.01 and OP-21.12, section 6 outline the administrative and criminal investigative process. OP-21.12 indicates that all allegations of sexual abuse and sexual harassment, including threats and attempts, will be immediately and aggressively investigated. The Division of Investigations shall initiate the investigation, will notify South Carolina Law Enforcement Division (SLED) and the Inspector General's office when sexual misconduct by staff, contractors or volunteers is alleged. POL-23.01, section 3.2 states that Police Services will be responsible for assigning investigative personnel to all reported criminal acts which are believed to have been committed by SCDC inmates, employees, or others when the crime relates to the agency. The PAQ indicated that there were nine allegations reported within the previous twelve months. A review of the nine investigative files determined that five did not rise to the level of PREA per the definitions. Three were not actual sexual abuse or sexual harassment allegations, one was not repeated and one occurred at another facility and was not a LCI allegation and investigation. While the five allegations did not rise to the level of PREA an investigation was completed for each. Of the four remaining allegations, all had an administrative investigation completed by the facility investigator and one had a criminal investigation completed by Police Services. The interview with the Agency Head Designee indicated that SCDC has a formal process in place to ensure administrative and

criminal investigations are completed for allegations of sexual abuse and sexual harassment. She indicated that all allegations are reported to the CM initially. Incident reports and statements are collected and forwarded to the agency PC who will determine whether the matter warrants a criminal investigation or whether the matter will be referred to the CM for an administrative investigation. She further elaborated and stated that Police Services investigate all allegations of a criminal nature and that all administrative allegations concerning staff or volunteers.

**115.22 (b):** POL-23.01 and OP-21.12, section 6 outline the administrative and criminal investigative process. OP-21.12 indicates that all allegations of sexual abuse and sexual harassment, including threats and attempts, will be immediately and aggressively investigated. The Division of Investigations shall initiate the investigation, will notify South Carolina Law Enforcement Division (SLED) and the Inspector General's office when sexual misconduct by staff, contractors or volunteers is alleged. POL-23.01, section 3.2 states that Police Services will be responsible for assigning investigative personnel to all reported criminal acts which are believed to have been committed by SCDC inmates, employees, or others when the crime relates to the agency. OP-21.12 is available on the Department's website: <http://www.doc.sc.gov/preaweb/>. The interviews with the investigators indicated that SCDC policy OP-21.12 requires all allegations be investigated and that Police Services has full state authority to conduct investigations and make arrests. Administrative investigations involving inmate on inmate sexual harassment are completed at the facility level by the CM. The Police Services investigator further stated that an MOU with SLED also allows for SLED to be the lead investigative agency if necessary.

**115.22 (c):** The agency is responsible for conducting both administrative and criminal investigations. No separate entity is responsible for investigations and as such this provision does not apply.

**115.22 (d):** The auditor is not required to audit this provision.

**115.22 (e):** The auditor is not required to audit this provision.

Based on a review of the PAQ, POL-23.01, OP-21.12, a review of sexual abuse and sexual harassment investigations, the agency's website and information obtained via interviews with the Agency Head Designee and investigators, this standard appears to be compliant.

## TRAINING AND EDUCATION

### Standard 115.31: Employee training

#### 115.31 (a)

- Does the agency train all employees who may have contact with inmates on its zero-tolerance policy for sexual abuse and sexual harassment?  Yes  No
- Does the agency train all employees who may have contact with inmates on how to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures?  Yes  No
- Does the agency train all employees who may have contact with inmates on inmates' right to be free from sexual abuse and sexual harassment?  Yes  No
- Does the agency train all employees who may have contact with inmates on the right of inmates and employees to be free from retaliation for reporting sexual abuse and sexual harassment?  Yes  No

- Does the agency train all employees who may have contact with inmates on the dynamics of sexual abuse and sexual harassment in confinement?  Yes  No
- Does the agency train all employees who may have contact with inmates on the common reactions of sexual abuse and sexual harassment victims?  Yes  No
- Does the agency train all employees who may have contact with inmates on how to detect and respond to signs of threatened and actual sexual abuse?  Yes  No
- Does the agency train all employees who may have contact with inmates on how to avoid inappropriate relationships with inmates?  Yes  No
- Does the agency train all employees who may have contact with inmates on how to communicate effectively and professionally with inmates, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming inmates?  Yes  No
- Does the agency train all employees who may have contact with inmates on how to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities?  
 Yes  No

#### 115.31 (b)

- Is such training tailored to the gender of the inmates at the employee's facility?  Yes  No
- Have employees received additional training if reassigned from a facility that houses only male inmates to a facility that houses only female inmates, or vice versa?  Yes  No

#### 115.31 (c)

- Have all current employees who may have contact with inmates received such training?  
 Yes  No
- Does the agency provide each employee with refresher training every two years to ensure that all employees know the agency's current sexual abuse and sexual harassment policies and procedures?  Yes  No
- In years in which an employee does not receive refresher training, does the agency provide refresher information on current sexual abuse and sexual harassment policies?  Yes  No

#### 115.31 (d)

- Does the agency document, through employee signature or electronic verification, that employees understand the training they have received?  Yes  No

#### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

**Does Not Meet Standard** (*Requires Corrective Action*)

**Documents:**

1. Pre-Audit Questionnaire
2. OP-21.12
3. Prison Rape Elimination Act (PREA) Lesson Plan
4. Sample of Staff Training Records

**Interviews:**

1. Interview with Random Staff

**Findings (By Provision):**

**115.31 (a):** OP-21.12, section 2 indicates that PREA training will be provided to all agency staff, contractors, temporary/grant employees, and volunteers during the individual orientation program as well as during mandatory in-service annual training. OP-21.12 as well as the PREA Lesson Plan confirmed that the training includes at a minimum the following information: the agency's zero tolerance policy for sexual abuse and sexual harassment of inmates, staff responsibilities related to sexual abuse and sexual harassment prevention, detection, reporting and response, inmate's rights to be free from sexual abuse and sexual harassment, the right of inmates and employees to be free from retaliation for reporting sexual abuse and sexual harassment, the dynamics of sexual abuse and sexual harassment in confinement, the common reactions of sexual abuse and sexual harassment victims, how to detect and respond to signs of threatened or actual sexual abuse, how to avoid inappropriate relationships with inmates, how to communicate effectively and professionally with inmates including lesbian, gay, bisexual, transgender, intersex or gender nonconforming inmates and how to comply with relevant laws related to mandatory reporting sexual abuse to outside authorities. A review of eleven staff training records indicated that eleven have received PREA training. Interviews with random staff confirmed that all twelve had received PREA training within the previous year. All twelve staff indicated that they watch videos and get papers related to the training.

**115.31 (b):** The PAQ indicated that training is tailored to the gender of inmate at the facility and that employees who are reassigned to facilities with the opposite gender are given additional training. A review of the training curriculum indicated that the training has information related to both male inmates and female inmates and staff receive both of these whether they work at male or female facility. A review of eleven staff training records indicated that eleven have received PREA training.

**115.31 (c):** The PAQ indicated that 211 staff have been trained in PREA requirements and that they receive PREA training annually. The PAQ also indicated that between trainings the Department of Policy Development sends updated information out to employees and that information is received through fliers and computer-based training. A review of documentation confirmed that staff received PREA training in 2018, 2019 and 2020. A review of eleven staff training records indicated that nine have received PREA training in the previous two years. The two staff members who did not were hired in 2020 and as such only had training in 2020.

**115.31 (d):** The PAQ indicated that all staff are required to physically sign or electronically acknowledge that they received and understood the PREA training. All staff are required to sign a training roster indicating that they attended and understood the training. All electronic training requires staff to acknowledge that they understood the training. A review of staff training records indicated that all eleven staff had signed that they attended and understood PREA training.

Based on a review of the PAQ, OP-21.12, the PREA Lesson Plan, a review of a sample of staff training records showing training completed annually as well as interviews with random staff, indicates that this standard is compliant.

## Standard 115.32: Volunteer and contractor training

### 115.32 (a)

- Has the agency ensured that all volunteers and contractors who have contact with inmates have been trained on their responsibilities under the agency's sexual abuse and sexual harassment prevention, detection, and response policies and procedures?  Yes  No

### 115.32 (b)

- Have all volunteers and contractors who have contact with inmates been notified of the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and informed how to report such incidents (the level and type of training provided to volunteers and contractors shall be based on the services they provide and level of contact they have with inmates)?  Yes  No

### 115.32 (c)

- Does the agency maintain documentation confirming that volunteers and contractors understand the training they have received?  Yes  No

### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

### Documents:

1. Pre-Audit Questionnaire
2. PS-10.04
3. SCDC Form 1-9
4. Prison Rape Elimination Act (PREA) Lesson Plan
5. Sample of Contractor Training Records
6. Sample of Volunteer Training Records

### Interviews:

1. Interview with Volunteers or Contractors who have Contact with Inmates

### Findings (By Provision):

**115.32 (a):** OP-21.12, section 2 indicates that PREA training will be provided to all agency staff, contractors, temporary/grant employees, and volunteers during the individual orientation program as well as during mandatory in-service annual training. Additionally, PS-10.04 indicates that will receive orientation from an employee of SCDC and topics include all PREA related issues. Contractors receive training via annual in-service training while volunteers receive training during the volunteer orientation. The PAQ indicated that 207 volunteers and contractors had received PREA training, which is equivalent to 100%. A review of training documents for four volunteers indicated that 100% of those reviewed received PREA training. The auditor requested training records for three contractors. While the staff advised all medical contractors have received the training the documentation was not provided to the auditor during the interim report time period. Thus the auditor was unable to determine if contractors have

received the required PREA training. The interview with the contractor indicated that she received a form that had the basic PREA information on it and she was required to read it and sign that she read and understood the information.

**115.32 (b):** The PAQ indicated that volunteers and contractors who have contact with inmates have been trained on their responsibilities under the agency's policies and procedures on sexual abuse and sexual harassment. It also indicated that the level and type of training is based on the services they provide and the contact they may have with inmates. All volunteers complete the volunteer orientation and sign SCDC Form 1-9, Volunteer Service Agreement. Contractors receive PREA education during the annual in-service training. A review of the PREA lesson plan indicated that it contains information on the agency's zero tolerance policy and how to report incidents of sexual abuse and sexual harassment. The interview with the contractor indicated that she received a form that had the basic PREA information on it and she was required to read it and sign that she read and understood the information. She indicated she was aware of the agency's zero tolerance policy and how to report any incidents.

**115.32 (c):** The PAQ indicated that the agency maintains documentation confirming that volunteers/contractors understand the training they have received. A review of four volunteer training document indicated that 100% of those reviewed had signed SCDC Form 1-9 acknowledging that they understood the zero-tolerance policy and how to report such incidents. The auditor requested training records for three contractors. While the staff advised all medical contractors have received the training the documentation was not provided to the auditor during the interim report time period. Thus the auditor was unable to determine if contractors have received and signed for the required PREA training.

Based on a review of the PAQ, OP-21.12, PS-10.04, SCDC Form 1-9, a review of a sample of contractor and volunteer training records as well as interviews with contractors indicates that this standard appears to require corrective action. While the facility provided volunteer training records and interviews indicated contractors have received PREA training, the facility did not provide the auditor with the requested contractor training records within the interim report audit timeframe. Thus, the auditor was unable to determine if contractors receive and sign an acknowledgement related to the PREA training.

### **Corrective Action**

In order to satisfy provisions (a), (b) and (c) of this standard, the auditor will need to see the three requested contractor training documents as well as an additional five.

### **Verification of Corrective Action since the Interim Audit Report**

The auditor gathered and analyzed the following additional evidence provided by the facility during the corrective action period relevant to the requirements in this standard.

#### **Additional Documents:**

1. Contractor Training Documents

After the issuance of the Interim Audit Report, the auditor and the facility discussed the corrective action related to this standard. On June 10, 2021 and July 1, 2021 the auditor received the three originally requested contractor training documents as well as seven additional contractor training documents. The documentation confirmed that all ten contractors had received PREA training. As such this standards has been corrected and appears to be compliant.

## **Standard 115.33: Inmate education**

### **115.33 (a)**

- During intake, do inmates receive information explaining the agency's zero-tolerance policy regarding sexual abuse and sexual harassment?  Yes  No
- During intake, do inmates receive information explaining how to report incidents or suspicions of sexual abuse or sexual harassment?  Yes  No

#### 115.33 (b)

- Within 30 days of intake, does the agency provide comprehensive education to inmates either in person or through video regarding: Their rights to be free from sexual abuse and sexual harassment?  Yes  No
- Within 30 days of intake, does the agency provide comprehensive education to inmates either in person or through video regarding: Their rights to be free from retaliation for reporting such incidents?  Yes  No
- Within 30 days of intake, does the agency provide comprehensive education to inmates either in person or through video regarding: Agency policies and procedures for responding to such incidents?  Yes  No

#### 115.33 (c)

- Have all inmates received the comprehensive education referenced in 115.33(b)?  Yes  No
- Do inmates receive education upon transfer to a different facility to the extent that the policies and procedures of the inmate's new facility differ from those of the previous facility?  
 Yes  No

#### 115.33 (d)

- Does the agency provide inmate education in formats accessible to all inmates including those who are limited English proficient?  Yes  No
- Does the agency provide inmate education in formats accessible to all inmates including those who are deaf?  Yes  No
- Does the agency provide inmate education in formats accessible to all inmates including those who are visually impaired?  Yes  No
- Does the agency provide inmate education in formats accessible to all inmates including those who are otherwise disabled?  Yes  No
- Does the agency provide inmate education in formats accessible to all inmates including those who have limited reading skills?  Yes  No

#### 115.33 (e)

- Does the agency maintain documentation of inmate participation in these education sessions?  
 Yes  No

#### 115.33 (f)

- In addition to providing such education, does the agency ensure that key information is continuously and readily available or visible to inmates through posters, inmate handbooks, or other written formats?  Yes  No

### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

### Documents:

1. Pre-Audit Questionnaire
2. OP-21.04
3. OP-21.12
4. Let's Talk About Safety Brochure
5. PREA Resource Center PREA: What You Need to Know Video
6. PREA Poster
7. General Housing Unit Rules
8. Certification of Prison Rape Elimination Act (PREA) Orientation – SCDC Form 18-78
9. American Sign Language Information
10. Language Line Information
11. School for the Deaf and the Blind Information
12. Inmate Training Records

### Interviews:

1. Interview with Intake Staff
2. Interview with Random Inmates

### Site Review Observations:

1. Observations of Intake Area
2. Observations of PREA Signs in English and Spanish

### Findings (By Provision):

**115.33 (a):** OP-21.04, page 33, outlines the requirement for inmates to receive PREA education. Specifically, it indicates that inmates will receive institutional orientation within ten working days of arrival at the institution of assignment. The orientation will include information on sexual misconduct and Prison Rape Elimination Act (PREA) guidelines. Each inmate is required to sign the SCDC Form 18-78. The PAQ indicated that 947 inmates received information on the zero-tolerance policy and how to report at intake. The facility indicated in the PAQ that they had received 947 inmates in the previous twelve month which is equivalent to 100%. A review of documentation indicated that the Let's Talk About Safety brochure, the General Housing Unit Rules and the PREA poster have information on the zero-tolerance policy and the reporting methods. All inmates receive an intake packet. The packet includes the General Housing Unit Rules as well as the Let's Talk About Safety brochure. The General Housing Unit Rules provides inmates information on how to report, information on FRC and the agency's zero-tolerance policy. The brochure has similar information but expands on inmate rights and other information to know about PREA. The packet is provided to inmates at orientation, which the CM indicated is typically within 48-72 hours. It should be noted that all SCDC inmates are received at Kirkland Correctional Institution and are provided information on the agency's zero-tolerance policy and how to report at intake there as

well. During the tour the auditor observed that the intake area and the housing units had posted PREA reporting information and advocacy information. The interview with intake staff indicated that the facility provides inmates information related to the zero-tolerance policy and reporting mechanism via a brochure and then through a video during orientation. A review of 21 inmate files indicated that only one was documented with receiving orientation. It should be noted that information was not provided to the auditor related to the other 20 inmates and their orientation either on-site or within the 30 days after the on-site portion of the audit. Due to the limited information provided the auditor was unable to determine if inmates receive information at intake (either at LCI or Kirkland Correctional Institution). Of the 40 inmates that were interviewed 29 indicated that they received information on the agency's sexual abuse and sexual harassment policies.

**115.33 (b):** OP-21.04, page 33, outlines the requirement for inmates to receive PREA education. Specifically, it indicates that inmates will receive institutional orientation within ten working days of arrival at the institution of assignment. The orientation will include information on sexual misconduct and Prison Rape Elimination Act (PREA) guidelines. Each inmate is required to sign the SCDC Form 18-78. The comprehensive education is completed during orientation via the PREA What You Need to Know video. The PAQ indicated that 502 inmates received comprehensive PREA education within 30 days of intake. The facility indicated in the PAQ that they had received 502 inmates in the previous twelve months whose length of stay was for 30 days or more, indicating that 100% had received comprehensive education. A review of 21 inmate files of those inmates received in the previous twelve months indicated that only one had received comprehensive PREA education at LCI. It should be noted that information was not provided to the auditor related to the other 20 inmates and their comprehensive education on-site or within the 30 days after the on-site portion of the audit. Due to the limited information provided the auditor was unable to determine if inmates receive comprehensive education at LCI. While LCI may not provide comprehensive PREA education, all male inmates enter SCDC through Kirkland Correctional Institution and inmates are provided the comprehensive PREA education through the PREA What You Need to Know video. However, due to the lack of documentation provided the auditor was unable to confirm that the inmates had received prior comprehensive education at another SCDC facility. During the tour, the auditor observed the intake area and was provided an overview of the intake process. Inmate orientation, which includes the PREA education is completed in a classroom in the programs building. PREA posters and PREA information are provided to inmates at intake and orientation and are posted throughout the facility. The auditor was previously shown that the PREA brochure and other PREA information was available on the inmate kiosk and on the inmate tablet. Inmates are able to access the PREA brochure, posters, the What You Need to Know video and other PREA information on both of these devices. All SCDC inmates are provided a tablet and as such always have access to the information. The interview with intake staff indicated that the facility provides inmates comprehensive PREA education through a video and a question and answer session. Of the 40 inmates that were interviewed all 29 indicated that they received information on the sexual abuse and sexual harassment policies. Of the fifteen that arrived in the previous twelve months, eight indicated they were informed of their rights to be free from sexual abuse, rights to be free from retaliation and how to report such incidents.

**115.33 (c):** The PAQ indicated that 219 inmates had not been educated within the 30 days and had subsequently not been educated. A review of 21 inmate files of those inmates received in the previous twelve months indicated that only one had received comprehensive PREA education at LCI. It should be noted that information was not provided to the auditor related to the other 20 inmates and their comprehensive education on-site or within the 30 days after the on-site portion of the audit. Due to the limited information provided the auditor was unable to determine if inmates receive comprehensive education at LCI. While LCI may not provide comprehensive PREA education, all male inmates enter SCDC through Kirkland Correctional Institution and inmates are provided the comprehensive PREA education through the PREA What You Need to Know video. However, due to the lack of documentation provided the auditor was unable to confirm that the inmates had received prior comprehensive education at another SCDC facility. The interview with intake staff indicated that the facility provides inmates comprehensive PREA education through a video and a question and answer session.

**115.33 (d):** OP-21.12, section 1.1.3 establishes that inmate orientation and orientation materials will be provided in formats which are accessible to all inmates, including those who are limited English proficient, deaf, visually impaired, or otherwise disabled, as well as to inmates who have limited reading skills. The agency has an agreement with Esmeralda Concepcion for sign language interpretation services as well as a relationship with the School for the Deaf and the Blind for braille translated materials. Additionally, the facility utilizes LanguageLine Solutions to provide translation services in over 240 languages. A review of the PREA brochure and PREA posters confirmed that information is available in bright colors, larger font and in Spanish. It was also noted that the information could be translated to other languages when necessary. The interview with the Agency Head Designee confirmed that the SCDC has established procedures to provide inmates with disabilities and LEP inmates equal opportunity to participate in PREA efforts. She stated that LEP inmates are provided with an orientation video, brochure and PREA signage in Spanish and other languages. She also indicated that a sign language interpreter is available for deaf inmates while braille information is available for blind inmates. Interviews with the two disabled inmates and six LEP inmates indicated that six received information in a format they could understand. One inmate indicated that the information was via video and it was in English and he did not understand it. The other inmate indicated that he had not received any information at all at LCI. A review of the two disabled inmate files and the six LEP inmate files indicated that seven received PREA information and signed that they understood the information. One LEP inmate was missing documentation corroborating his PREA education. During the tour, the PREA signage was observed to be in large text, bright colors and in English and Spanish.

**115.33 (e):** Initial intake is provided via a packet and comprehensive education is completed via the video. After inmates receive comprehensive education they are required to sign the SCDC 18-78 form. This form is then maintained in the inmates file. A review of 21 inmate files of those inmates received in the previous twelve months indicated that only one had received comprehensive PREA education at LCI. It should be noted that information was not provided to the auditor related to the other 20 inmates and their comprehensive education on-site or within the 30 days after the on-site portion of the audit. Due to the limited information provided the auditor was unable to determine if inmates receive comprehensive education at LCI. While LCI may not provide comprehensive PREA education, all male inmates enter SCDC through Kirkland Correctional Institution and inmates are provided the comprehensive PREA education through the PREA What You Need to Know video. However, due to the lack of documentation provided the auditor was unable to confirm that the inmates had received prior comprehensive education at another SCDC facility.

**115.33 (f):** The PAQ indicated that information is continuously available through brochures, posters and other educational materials. A review of documentation indicated that the facility has PREA information via the inmate orientation, General Housing Unit Rules, the PREA brochure and PREA signage. All this information is found on the inmate kiosks and through the inmate tablets. During the tour, the auditor observed the PREA signage posted in common areas and housing units.

Based on a review of the PAQ, OP-21.04, OP-21.12, the video, the brochure, General Housing Unit Rules, SCDC Form 18-78, the American Sign Language information, the LanguageLine information, the School for the Deaf and the Blind information, PREA posters, a sample of inmate records, observations made during the tour to include the availability of PREA information via signage and documents as well as information obtained during interviews with intake staff, random inmates and disabled inmates, this standard appears to require corrective action. Inmates are provided information at intake via an orientation packet at both Kirkland Correctional Institution and LCI. The facility only provided the auditor with one signed SCDC Form 18-69 indicating the inmate received orientation, and as such the PREA zero-tolerance policy and reporting mechanisms. Thus, the auditor was unable to determine if provision (a) was compliant. Provision (b) and (c) have the same issue. Inmates receive comprehensive PREA education via a video, however only one requested inmate file had the documented comprehensive education. The other 20 requested documents were not provided to the auditor; therefore the auditor was unable to determine if comprehensive PREA education is being completed appropriately. Thus, the auditor is unable to determine if provisions (b) and (c) are compliant. Lastly, due to the limited documentation provided to the auditor related to education, the auditor is unable to determine if the

agency maintains documentation of the inmate's participation in these education sessions. As such, provision (e) is unable to be deemed compliant. In addition to the missing documentation, approximately 25% of the inmates interviewed indicated they had not received information on the sexual abuse and sexual harassment policies, which paired with the missing documents, indicates issues under this standard.

### **Corrective Action**

The facility will need to ensure that all current inmates have received orientation and the comprehensive PREA education. Based on provision (c) PAQ information it is apparent that not all inmates at LCI have received the PREA education. As such, the auditor suggests that the facility review their current intake and comprehensive PREA education process and come up with a plan to ensure the information is being provided to inmates in the required timeframes under this standard. The auditor requests that the facility provide a memo detailing the updated process as well as training logs for the staff involved indicating they have been trained on their responsibilities under the new process. The auditor will need to see the documentation of the originally requested 21 inmate's intake and comprehensive PREA education. Additionally, the auditor will need a memo from the Warden confirming all current LCI inmates have been provided PREA education. In order to ensure the new education process is systematic the auditor requests the facility provide five to ten examples each month over the next four months of the process of newly received inmates. Meaning, for the next four months the auditor will need documentation of inmates arriving that month at LCI (to include the exact arrival date) along with the signed forms indicating they received information at intake (orientation) and have received comprehensive PREA education (either at LCI or Kirkland, if received previously).

### **Verification of Corrective Action since the Interim Audit Report**

The auditor gathered and analyzed the following additional evidence provided by the facility during the corrective action period relevant to the requirements in this standard.

#### **Additional Documents:**

1. Memorandum Related to Isolation and F5 Inmate Education
2. List of Inmates Arrived During the Corrective Action Period

After the issuance of the Interim Audit Report, the auditor and the facility discussed the corrective action related to this standard. On May 6, 2021 the auditor was provided a memorandum indicating that all inmates in isolation and in housing unit F5 had received the PREA inmate education via the PREA video. While the memo indicated the training was provided, no additional training documentation including inmate acknowledgment forms were provided. On April 21, 2021 the facility provided the auditor with a list of inmates that arrived during the corrective action period. On May 2, 2021 the auditor selected 40 inmates, ten from January through April, to review inmate PREA education. The auditor was not provided the training documents for the originally requested 21 inmates nor was the auditor provided any inmate education for the 40 inmates selected. As such this standard requires further corrective action.

## **Standard 115.34: Specialized training: Investigations**

### **115.34 (a)**

- In addition to the general training provided to all employees pursuant to §115.31, does the agency ensure that, to the extent the agency itself conducts sexual abuse investigations, its investigators receive training in conducting such investigations in confinement settings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).)  Yes  No  NA

### **115.34 (b)**

- Does this specialized training include techniques for interviewing sexual abuse victims? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).)  Yes  No  NA
  
- Does this specialized training include proper use of Miranda and Garrity warnings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).)  Yes  No  NA
  
- Does this specialized training include sexual abuse evidence collection in confinement settings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).)  Yes  No  NA
  
- Does this specialized training include the criteria and evidence required to substantiate a case for administrative action or prosecution referral? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).)  Yes  No  NA

#### 115.34 (c)

- Does the agency maintain documentation that agency investigators have completed the required specialized training in conducting sexual abuse investigations? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).)  Yes  No  NA

#### 115.34 (d)

- Auditor is not required to audit this provision.

#### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

#### Documents:

1. Pre-Audit Questionnaire
2. OP-21.12
3. National Institute of Corrections (NIC) – Investigating Sexual Abuse in a Confinement Setting
4. Investigator Training Records

#### Interviews:

1. Interview with Investigative Staff

#### Findings (By Provision):

**115.34 (a):** OP-21.12, page 3 states that specialized training may be provided for staff members who will be charged with specific aspects of the agency response to abuse allegations. Interviews with the investigators indicated that they both received the NIC Investigator Training. A review of training files indicated that all Police Services investigators had received the NIC training as well as two facility staff, to include the main facility investigator, the Associate Warden (PC).

**115.34 (b):** OP-21.12, page 3 states that specialized training may be provided for staff members who will be charged with specific aspects of the agency response to abuse allegations. This training may include, but is not limited to crime scene management, elimination of contamination, evidence collection protocol and crisis intervention. The training is completed through the NIC's Investigating Sexual Abuse in a Confinement Setting. A review of the training curriculum confirms that it includes the following; techniques for interviewing sexual abuse victims, proper use of Miranda and Garrity warnings, sexual abuse evidence collection in confinement settings and the criteria and evidence required to substantiate a case for administrative action or criminal prosecution. A review of training files indicated that all Police Services investigators had received the NIC training as well as two facility investigators to include the CM. Interviews with the investigators indicated that they both received the NIC training. They both indicated the aforementioned topics were covered and that they remember training topics such as victim interviews, evidence collection and report writing.

**115.34 (c):** The PAQ indicated that currently there are 47 investigators who complete sexual abuse investigations. Of the 47, the PAQ indicated that all have received specialized training. A review of training files indicated that all 45 Police Services investigators had received the NIC training as well as two facility staff. The main facility investigator is the CM. He completed the NIC training on August 9, 2019. Interviews with the investigators indicated that they both received the NIC Investigator Training.

**115.34 (d):** This provision does not apply as no outside entity is responsible for conducting sexual abuse investigations.

Based on a review of the PAQ, OP-21.12, the NIC's Investigating Sexual Abuse in a Confinement Setting curriculum, a review of investigator training records and information obtained from the interviews with the investigators, this standard appears to be compliant.

## **Standard 115.35: Specialized training: Medical and mental health care**

### **115.35 (a)**

- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how to detect and assess signs of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)  Yes  No  NA
- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how to preserve physical evidence of sexual abuse? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)  Yes  No  NA
- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how to respond effectively and professionally to victims of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)  Yes  No  NA

- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how and to whom to report allegations or suspicions of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)  
 Yes  No  NA

### 115.35 (b)

- If medical staff employed by the agency conduct forensic examinations, do such medical staff receive appropriate training to conduct such examinations? (N/A if agency medical staff at the facility do not conduct forensic exams or the agency does not employ medical staff.)  
 Yes  No  NA

### 115.35 (c)

- Does the agency maintain documentation that medical and mental health practitioners have received the training referenced in this standard either from the agency or elsewhere? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)  Yes  No  NA

### 115.35 (d)

- Do medical and mental health care practitioners employed by the agency also receive training mandated for employees by §115.31? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners employed by the agency.)  
 Yes  No  NA
- Do medical and mental health care practitioners contracted by or volunteering for the agency also receive training mandated for contractors and volunteers by §115.32? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners contracted by or volunteering for the agency.)  Yes  No  NA

### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

### Documents:

1. Pre-Audit Questionnaire
2. GA-06.11B
3. NIC's Sexual Abuse and Sexual Harassment in a Confinement Setting for Health Care Staff
4. Medical and Mental Health Staff Training Records

### Interviews:

1. Interview with Medical and Mental Health Staff

### Site Review Observations:

## 1. Observations during on-site review of physical plant

### Findings (By Provision):

**115.35 (a):** GA-06.11B, page 3 states that all full-time and part-time medical and mental health personnel will receive specialized training on the identified items prescribed in Standard 115.35 (a) through (d). Such training will be renewed at least every two years with documentation placed in the employee file. The specialized training is completed through NIC's Sexual Abuse and Sexual Harassment in a Confinement Setting for Health Care Staff training. A review of the training modules indicated that they include the following topics; how to detect and assess signs of sexual abuse and sexual harassment, how to preserve physical evidence of sexual abuse, how to respond effectively and professionally to victims of sexual abuse and sexual harassment and how and whom to report allegations or suspicion of sexual abuse and sexual harassment. The PAQ indicated that the facility has thirteen medical and mental health staff and that 100% of these staff received the specialized training. A review of five medical and mental health training records indicated that one had received the specialized training. It was determined that SCDC medical and mental health staff are required to complete the specialized training, however the contracted medical and mental health staff were not required to complete the specialized training. Interviews with medical and mental health staff confirm that the two SCDC staff received the training and the one contracted staff member did not. The two who completed the training indicated that the required topics were covered during the trainings.

**115.35 (b):** This provision does not apply. Forensic exams are not conducted on-site by any of the facility's medical staff. Inmates are transported to a local hospital where nurses with specialized training complete the forensic medical examination. Interviews with medical and mental health care staff confirm that they do not perform forensic medical examinations.

**115.35 (c):** The PAQ indicated that documentation showing the completion of the training is maintained by the agency. A review of a sample of training documents for medical and mental health care staff indicated that one SCDC staff completed the required training and received a certificate from NIC upon completion. The additional two SCDC staff member training certificates were not provided to the auditor in the interim report timeframe. Additionally, the contracted medical and mental health care staff were not required to complete the specialized training and as such did not have documentation showing the completion.

**115.35 (d):** All medical and mental health care staff complete the required annual employee PREA training or the contractor training. A review of five medical and mental health care staff training documents indicated that three were SCDC employees and as such should have received the employee training. The facility provided the auditor with one staff member's PREA training record, however the other two were not provided in the allotted interim report timeframe.

Based on a review of the PAQ, GA-06.11B, the NIC's Sexual Abuse and Sexual Harassment in a Confinement Setting for Health Care Staff training, a review of medical and mental health care staff training records as well as interviews with medical and mental health care staff indicate that this standard requires corrective action. While SCDC medical and mental health care staff are required to complete the specialized training, all full and part-time contracted medical and mental health care staff are not. Records and interviews confirm that the agency was unaware that the contracted medical and mental health care staff were required to complete the training. As such, provisions (a) and (c) of this standard are not compliant. Additionally, the auditor was unable to determine the compliance of provision (d) as only one medical staff PREA training record was provided to the auditor out of the three requested.

### Corrective Action

The agency as a whole will need to ensure that contracted medical and mental health care staff follow the requirements under this standard. Specifically, for LCI, all medical and mental health care staff will need to complete the NIC specialized medical and mental health training as well as either the contractor

or SCDC employee PREA training. Based on the low number of medical and mental health care staff at the facility, the auditor requests that the facility send all (to include contracted and SCDC employees) medical and mental health care staff specialized training, as well as all PREA contractor or employee training. The auditor would like a list of all current medical and mental health staff as well as their subsequent training records.

### Verification of Corrective Action since the Interim Audit Report

The auditor gathered and analyzed the following additional evidence provided by the facility during the corrective action period relevant to the requirements in this standard.

#### Additional Documents:

1. Specialized Medical and Mental Health Training
2. Contractor PREA Training Documents

After the issuance of the Interim Audit Report, the auditor and the facility discussed the corrective action related to this standard. On July 1, 2021 the auditor was provided two additional specialized medical and mental health training certificates. There were ten remaining that were not provided to the auditor. The facility provided the auditor with three contractor training records, two of which were medical staff. The auditor was not provided the corresponding staff or contractor PREA training records for eleven of the medical and mental health care staff. As such, the requested records were not fully provided and further corrective action is required for this standard.

## SCREENING FOR RISK OF SEXUAL VICTIMIZATION AND ABUSIVENESS

### Standard 115.41: Screening for risk of victimization and abusiveness

#### 115.41 (a)

- Are all inmates assessed during an intake screening for their risk of being sexually abused by other inmates or sexually abusive toward other inmates?  Yes  No
- Are all inmates assessed upon transfer to another facility for their risk of being sexually abused by other inmates or sexually abusive toward other inmates?  Yes  No

#### 115.41 (b)

- Do intake screenings ordinarily take place within 72 hours of arrival at the facility?  
 Yes  No

#### 115.41 (c)

- Are all PREA screening assessments conducted using an objective screening instrument?  
 Yes  No

#### 115.41 (d)

- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (1) Whether the inmate has a mental, physical, or developmental disability?  Yes  No

- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (2) The age of the inmate?  Yes  No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (3) The physical build of the inmate?  Yes  No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (4) Whether the inmate has previously been incarcerated?  Yes  No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (5) Whether the inmate's criminal history is exclusively nonviolent?  Yes  No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (6) Whether the inmate has prior convictions for sex offenses against an adult or child?  Yes  No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (7) Whether the inmate is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender nonconforming (the facility affirmatively asks the inmate about his/her sexual orientation and gender identity AND makes a subjective determination based on the screener's perception whether the inmate is gender non-conforming or otherwise may be perceived to be LGBTI)?  Yes  No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (8) Whether the inmate has previously experienced sexual victimization?  Yes  No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (9) The inmate's own perception of vulnerability?  Yes  No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (10) Whether the inmate is detained solely for civil immigration purposes?  Yes  No

#### 115.41 (e)

- In assessing inmates for risk of being sexually abusive, does the initial PREA risk screening consider, as known to the agency, prior acts of sexual abuse?  Yes  No
- In assessing inmates for risk of being sexually abusive, does the initial PREA risk screening consider, as known to the agency, prior convictions for violent offenses?  Yes  No
- In assessing inmates for risk of being sexually abusive, does the initial PREA risk screening consider, as known to the agency, history of prior institutional violence or sexual abuse?  Yes  No

#### 115.41 (f)

- Within a set time period not more than 30 days from the inmate's arrival at the facility, does the facility reassess the inmate's risk of victimization or abusiveness based upon any additional, relevant information received by the facility since the intake screening?  Yes  No

#### 115.41 (g)

- Does the facility reassess an inmate's risk level when warranted due to a referral?  Yes  No
- Does the facility reassess an inmate's risk level when warranted due to a request?  Yes  No
- Does the facility reassess an inmate's risk level when warranted due to an incident of sexual abuse?  Yes  No
- Does the facility reassess an inmate's risk level when warranted due to receipt of additional information that bears on the inmate's risk of sexual victimization or abusiveness?  
 Yes  No

#### 115.41 (h)

- Is it the case that inmates are not ever disciplined for refusing to answer, or for not disclosing complete information in response to, questions asked pursuant to paragraphs (d)(1), (d)(7), (d)(8), or (d)(9) of this section?  Yes  No

#### 115.41 (i)

- Has the agency implemented appropriate controls on the dissemination within the facility of responses to questions asked pursuant to this standard in order to ensure that sensitive information is not exploited to the inmate's detriment by staff or other inmates?  Yes  No

#### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

#### Documents:

1. Pre-Audit Questionnaire
2. OP-21.04
3. SCDC PREA Screening Checklist
4. Inmate Assessment and Re-Assessment Records

#### Interviews:

1. Interview with Staff Responsible for Risk Screening
2. Interview with Random Inmates
3. Interview with the PREA Coordinator
4. Interview with the PREA Compliance Manager

#### Site Review Observations:

1. Observations of Risk Screening Area

## 2. Observations of Where Inmate Files are Located

### Findings (By Provision):

**115.41 (a):** OP-21.04 address the risk screening process. Specifically, page 7 and 33 state that inmates must be screened for risk of sexual victimization or risk of sexually abusing other inmates within 72 hours of arrival at SCDC and again at each subsequent transfer. A trained designated staff member will use the automated PREA screening instrument to interview the inmate and complete the checklist. During the tour, the auditor observed the medical area, which is where the initial risk screening occurs. The risk screening is conducted in an office setting and allows for adequate privacy. Interviews with fifteen inmates received within the previous twelve months indicated that nine remember being asked the risk screening questions. Most indicated they were asked the questions a week to a month after they arrived. A review of 21 files of inmates received in the previous twelve months indicated that three had received an initial risk screening at LCI. The facility did not provide the auditor with risk screening information for the remaining eighteen inmates and indicated that it was not completed. The interview with the staff responsible for the risk screening indicated that inmates are screened for their risk of victimization and risk of abusiveness.

**115.41 (b):** OP-21.04 address the risk screening process. Specifically, page 7 and 33 state that inmates must be screened for risk of sexual victimization or risk of sexually abusing other inmates within 72 hours of arrival at SCEC and again at each subsequent transfer. The PAQ indicated that inmates are screened within this timeframe and that 924 inmates were received at the facility whose length of stay was for 72 hours or more. The PAQ indicated that 924 of those whose length of stay was for 72 hours or more received the risk screening within 72 hours, which is equivalent to 100%. A review of 21 files of inmates received in the previous twelve months indicated that three had received an initial risk screening at LCI, however all were well over the 72-hour timeframe. The facility did not provide the auditor with risk screening information for the remaining eighteen inmates and indicated that it was not completed. Interviews with fifteen inmates received within the previous twelve months indicated that nine remember being asked the risk screening questions. Most indicated they were asked the questions a week to a month after they arrived.

**115.41 (c):** The PAQ indicated that the risk screening is conducted using an objective screening instrument. OP-21.04, pages 7 and 33 state that a trained designated staff member will use the automated PREA screening instrument to interview the inmate and complete the checklist. A review of the SCDC PREA Screening Checklist indicated that the worksheet consists of yes or no questions. The screening staff verify answers and complete a file review for topics such as violent criminal history, any previous sexual convictions, etc.

**115.41 (d):** A review of the SCDC PREA Screening Checklist indicates that the intake screening considers the following criteria to assess inmates for risk of sexual victimization: whether the inmate has a mental, physical or developmental disability; the age of the inmate; the physical build of the inmate; whether the inmate was previously incarcerated; whether the inmate's criminal history is exclusively nonviolent; whether the inmate has prior convictions for sex offenses against an adult or child; whether the inmate is or is perceived to be gay, lesbian, bisexual, transgender, intersex or gender nonconforming; whether the inmate has previously experienced sexual victimization and the inmate's own perception of vulnerability. Inmates at the facility are not held solely for civil immigration purposes and as such this portion of the screening is not included. Interviews with the risk screening staff indicated that the risk screening is a questionnaire that the staff ask about and give the inmates an opportunity to elaborate. A few of the questions include whether they feel safe in general population, if they have ever been sexually abused and if they have any type of disability. The one risk screening staff member indicated she had not completed any initial assessments yet but that it is utilized to identify everything about the inmates to include whether they identify as transgender.

**115.41 (e):** A review of the SCDC PREA Screening Checklist confirms that the intake screening considers the following; prior acts of sexual abuse, prior convictions for violent offenses and prior institutional

violence or sexual abuse known to the facility. Interviews with the risk screening staff indicated that the risk screening is a questionnaire that the staff ask about and give the inmates an opportunity to elaborate. A few of the questions include whether they feel safe in general population, if they have ever been sexually abused and if they have any type of disability. The one risk screening staff member indicated she had not completed any initial assessments yet but that it is utilized to identify everything about the inmates to include whether they identify as transgender.

**115.41 (f):** OP-21.04, pages 8 and 33, indicate within 30 days of transfer, the Classification Caseworker/CPS will reassess the inmate's risk of victimization or abusiveness based upon any additional, relevant information received since the inmate's transfer. The PAQ indicated that the facility requires inmates to be reassessed and that 502 inmates were reassessed within 30 days. The PAQ indicated that 502 inmates' length of stay was for 30 days or more. The numbers indicate that 100% of those inmates whose length of stay was for 30 days or more received a reassessment. Interviews with staff responsible for the risk screening indicated that inmates are reassessed within 30 days of intake. Interviews with fifteen inmates that arrived within the previous twelve months indicated that four had been asked the risk screening questions on more than one occasion. The four indicated that they had received it at other facilities prior and that they typically get it at their annual review. A review of the documentation for 21 inmates that arrived within the previous twelve months indicated that two had more than one assessment at LCI, however they were months after their initial intake. The facility did not provide the auditor with documentation on reassessments for the remaining nineteen inmates and indicated that they were not completed.

**115.41 (g):** OP-21.04, page 8, indicates that within 30 days of transfer, the Classification Caseworker/CPS will reassess the inmate's risk of victimization or abusiveness based upon any additional, relevant information received since the inmate's transfer. If additional, relevant information has been received, the classification caseworker will assess the inmate's risk using the automated PREA screening instrument. The PAQ indicated that this practice is occurring. Interviews with the staff responsible for risk screening indicated inmates are reassessed when warranted due to referral, request, incident of sexual abuse or receipt of additional information. Interviews with fifteen inmates that arrived within the previous twelve months indicated that four had been asked the risk screening questions on more than one occasion. The four indicated that they had received it at other facilities prior and that they typically get it at their annual review. A review of the documentation for 21 inmates that arrived within the previous twelve months indicated that two had more than one assessment at LCI. While there were no substantiated allegations that warranted a reassessment there was no documentation provided to the auditor indicating that reassessments are being completed for the 30 day or for any other time when warranted.

**115.41 (h):** OP-21.04, page 8, indicates that inmates will not be disciplined for failure to disclose or for refusal to answer questions related to prior sexual abuse. The PAQ indicated that inmates are not disciplined for refusing to answer. The interviews with the staff responsible for risk screening indicated that inmates are not disciplined for refusing to answer any of the questions in the risk screening.

**115.41 (i):** Interviews with the PREA Coordinator, PREA Compliance Manager and staff responsible for the risk screening indicate that risk screening information is not disseminated and is only accessible to staff that have a need to know. The PC, CM and staff responsible for risk screening indicated that case workers, medical, classification and the CM are the only staff that have access to the risk screening information.

Based on a review of the PAQ, OP-21.04, SCDC PREA Screening Checklist, a review of inmate files and information from interviews with the PREA Coordinator, PREA Compliance Manager, staff responsible for conducting the risk screenings and random inmates, this standard appears to require corrective action. While staff indicated during interviews that they complete an initial risk screening and a 30-day reassessment, documentation illustrates that these risk screenings have not been completed for over 90% of the inmates reviewed. Additionally, the few that did have the assessments were well out of the 72-hour and 30-day timeframes. Specifically, provision (a) requires inmates to be assessed for their risk of victimization and abusiveness during intake and provision (b) requires it to be completed within 72

hours. A review of fifteen inmate files indicated that only three had received the risk assessment and all three were out of the required timeframe. Provision (f) requires that inmates be reassessed for their risk of victimization or abusiveness within 30 days of arrival. A review of fifteen inmate files indicated that only two were reassessed and both of those were well outside the 30-day timeframe. Additionally, only four inmates indicated during interviews that they were asked the risk screening questions more than once at LCI. Provision (g) requires that inmates be reassessed when warranted due to referral, request, incident of sexual abuse or receipt of additional information. Documentation for 21 inmates indicated only two were assessed on more than one occasion at LCI. Additionally, only four inmates indicated they were asked the risk screening questions on more than one occasion, and most of the four indicated it was at another facility during their annual review. While there have been no substantiated sexual abuse allegations, there is limited documentation indicating inmates are reassessed for the 30-day reassessment or for any other purpose. Based upon interviews and documentation this standard requires corrective action in order to be placed into compliance.

### **Corrective Action**

The auditor suggests the facility create a plan related to how initial assessments and reassessments are to be completed. After a plan is created the facility should train the necessary staff to ensure they are aware of and understand their responsibilities in the risk screening process. Medical will need to know their responsibilities in the process of the initial assessments at intake and ensure they are completed within the 72-hour timeframe. Classification staff will need to know their responsibilities on ensuring reassessments are completed within the 30-day time frame. The auditor will require that a memo be provided explaining the initial and reassessment screening process. The auditor will also require that training documents be sent for the necessary staff related to that process. After the process development and training, the auditor will require that the facility provide ten assessments and reassessments each month for four months for inmates that arrive at the facility. Additionally, the auditor will require that the facility provide ten examples over the four months of inmates who were reassessed due to referral, request, incident of sexual abuse or receipt of additional information. All of the documentation will be utilized to evidence that the process is systemic and that provision (a), (b), (f) and (g) have been corrected.

### **Verification of Corrective Action since the Interim Audit Report**

The auditor gathered and analyzed the following additional evidence provided by the facility during the corrective action period relevant to the requirements in this standard.

#### **Additional Documents:**

1. Memorandum Related to Initial Risk Assessments and Reassessments
2. List of Inmates Arrived During the Corrective Action Period
3. Inmate Initial Risk Assessments and Reassessments

After the issuance of the Interim Audit Report, the auditor and the facility discussed the corrective action related to this standard. On February 5, 2021 the auditor was provided a memorandum indicating that medical would provide an initial risk screening within 72 hours and case management would be responsible for 30 day reassessments. The memo was signed by the medical supervisor and the case management supervisor. On April 21, 2021 the facility provided the auditor with a list of inmates that arrived during the corrective action period. On May 2, 2021 the auditor selected 40 inmates, ten from January through April, to review inmate PREA education. The auditor was provided nineteen of the 40 requested records. Two of the nineteen had an initial risk screening within 72 hours and none had a reassessment within 30 days. Based on the lack of documentation and the noncompliance of timeframe for the nineteen of the records provided, this standard requires further corrective action.

## **Standard 115.42: Use of screening information**

### **115.42 (a)**

- Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Housing Assignments?  Yes  No
- Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Bed assignments?  Yes  No
- Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Work Assignments?  Yes  No
- Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Education Assignments?  Yes  No
- Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Program Assignments?  Yes  No

#### 115.42 (b)

- Does the agency make individualized determinations about how to ensure the safety of each inmate?  Yes  No

#### 115.42 (c)

- When deciding whether to assign a transgender or intersex inmate to a facility for male or female inmates, does the **agency** consider, on a case-by-case basis whether a placement would ensure the inmate's health and safety, and whether a placement would present management or security problems (NOTE: if an agency by policy or practice assigns inmates to a male or female facility on the basis of anatomy alone, that agency is not in compliance with this standard)?  Yes  No
- When making housing or other program assignments for transgender or intersex inmates, does the agency consider on a case-by-case basis whether a placement would ensure the inmate's health and safety, and whether a placement would present management or security problems?  Yes  No

#### 115.42 (d)

- Are placement and programming assignments for each transgender or intersex inmate reassessed at least twice each year to review any threats to safety experienced by the inmate?  Yes  No

#### 115.42 (e)

- Are each transgender or intersex inmate's own views with respect to his or her own safety given serious consideration when making facility and housing placement decisions and programming assignments?  Yes  No

#### 115.42 (f)

- Are transgender and intersex inmates given the opportunity to shower separately from other inmates?  Yes  No

#### 115.42 (g)

- Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex inmates, does the agency always refrain from placing: lesbian, gay, and bisexual inmates in dedicated facilities, units, or wings solely on the basis of such identification or status? (N/A if the agency has a dedicated facility, unit, or wing solely for the placement of LGBT or I inmates pursuant to a consent decree, legal settlement, or legal judgement.)  Yes  No  NA

#### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

#### Documents:

1. Pre-Audit Questionnaire
2. OP-21.04
3. GA-06.11B
4. Sample of Risk Based Housing Documents
5. Sample of Transgender/Intersex Reassessments
6. Inmate Housing Assignments/Logs

#### Interviews:

1. Interview with Staff Responsible for Risk Screening
2. Interview with PREA Coordinator
3. Interview with PREA Compliance Manager
4. Interview with Transgender/Intersex Inmates
5. Interview with Gay, Lesbian and Bisexual Inmates

#### Site Review Observations:

1. Location of Inmate Records
2. Housing Assignments of LGBTI Inmates
3. Shower Area in Housing Units

#### Findings (By Provision):

**115.42 (a):** OP-21.04, page 8 indicates that the screening interview will be individualized to ensure the safety of each inmate and will be conducted in a private area that is conducive to obtaining complete and accurate information. The PAQ as well as interviews with the Compliance Manager and staff responsible for the risk screening indicated that risk screening information is utilized to house inmates appropriately. The risk screening staff stated that information is utilized to ensure a predator or a violent inmate is not placed near a high-risk inmate. He stated that the risk screening plays a part in trying to eliminate any safety and management issues through dorm assignments, room assignments and actual institutional assignment. The risk screening staff indicated that the information is utilized for bed assignments and job

assignments so that victims are not placed with predators or other inmates with elevated risk factors. A review of inmate files and of inmate housing and work assignments for 62 inmates who were identified with an elevated risk of vulnerability confirmed that inmates at high risk of victimization were not housed in the dorm that the nine inmates at high risk of being sexually abusive were housed. Additionally, they did not participate in work or program assignments to the extent possible. It should be noted that while initial risk assessments and reassessments were not completed appropriately at Lee CI, all inmates had received at least one assessment during their incarceration at either Lee CI or other SCDC facilities. As such, all inmates had received a risk assessment in order to determine their risk level for victimization or abusiveness to ensure appropriate housing.

**115.42 (b):** OP-21.04, page 8 indicates that the screening interview will be individualized to ensure the safety of each inmate and will be conducted in a private area that is conducive to obtaining complete and accurate information. The PAQ indicated that the agency makes individualized determinations about how to ensure the safety of each inmate. The interviews with the risk screening staff indicated that the information is utilized for bed assignments and job assignments so that victims are not placed with predators or other inmates with elevated risk factors.

**115.42 (c):** OP-21.04, page 7, states that on a case by case basis, the Gender Dysphoria Multi-Disciplinary Team will determine whether to assign a transgender or intersex inmate to an institution for male or female inmates. The placement decision will be based on the inmate's own views with respect to his or her health and safety, and whether such decision will present a management or security problem. The PAQ indicated that this practice is taking place. At the time of the audit, the facility did not house any transgender or intersex inmates. The agency as a whole has 29 inmates that identify as transgender or are intersex. Of the 29, seventeen are transgender female and twelve are transgender male. All seventeen transgender females are housed in a male facility and all twelve transgender males are housed in a female facility. The 29 identified transgender inmates have all been reviewed by the Gender Dysphoria Multi-Disciplinary Team and have been assigned housing based on their safety and security recommendations. The team determines the best housing for inmates based upon safety, security and management of each individual inmate as well as the inmate population at that facility. A review of the Gender Dysphoria Multi-Disciplinary Team meeting minutes indicated that the team routinely discusses housing, safety, security and accommodations for transgender inmates. The auditor reviewed meeting minutes that discussed eight transgender inmates which confirmed that the inmates had been evaluated by the Gender Dysphoria Multi-Disciplinary Team. Additionally, the auditor reviewed two specific transgender female cases and confirmed that both included documentation related to recommended housing based on safety and security. The interview with the CM indicated that the facility does not and has not housed transgender inmates. He stated that it is not something he would handle at the facility level. At the time of the on-site portion of the audit the facility did not house any transgender or intersex inmates and as such no interviews were able to be conducted.

**115.42 (d):** GA-06.11B, page 4 states that in determining housing and programming for inmates who identify as transgender or intersex, assessment staff will complete the PREA Screening Application and will document the inmate's preferences in their assignment. Those identified as transgender, intersex or diagnosed with Gender Dysphoria will be provide an individualized accommodation plan. LCI did not have any transgender or intersex inmates housed at the facility during the on-site portion of the audit. However, the auditor reviewed documentation for five SCDC inmates who identify as transgender. All five had biannual assessments completed in 2019 and four had biannual assessments completed in 2020. The interview with the staff responsible for risk screening indicated that transgender inmates would be assessed at least twice each year. The interview with the CM indicated that if they received any transgender or intersex inmates that they would contact the appropriate staff about the appropriate canteen and property. Additionally, he stated that they would speak to the inmates at least twice a year.

**115.42 (e):** OP-21.04, page 7, states that on a case by case basis, the Gender Dysphoria Multi-Disciplinary Team will determine whether to assign a transgender or intersex inmate to an institution for male or female inmates. The placement decision will be based on the inmate's own views with respect to his or her health and safety, and whether such decision will present a management or security problem.

The interview with the CM and staff responsible for the risk screening indicated that transgender and intersex inmate's views regarding their housing and safety would be given serious consideration. The facility did not have any transgender or intersex inmates during the on-site portion of the audit and as such no interviews were conducted.

**115.42 (f):** GA-06.11B, page 4, states that transgender and intersex inmates will be given the opportunity to shower separately from other inmates. During the tour it was confirmed that all showers were single person showers and had curtains for privacy, with the exception of RHU. The interviews with the CM and the staff responsible for risk screening confirmed that transgender and intersex inmates would be afforded the opportunity to shower separately. The facility did not have any transgender or intersex inmates during the on-site portion of the audit and as such no interviews were conducted.

**115.42 (g):** The facility does not have an official method to track LGB self-identified inmates, however there were six inmates that were identified as self-reporting as gay or bisexual. Additionally, there was a list of inmates identified as "vulnerable" in which some were LGB. A review of housing assignments for 62 inmates, including the six identified as LGB, indicated that all were housed throughout the facility in all housing units except F5. Interviews with six inmates who identified as LGB indicated they none of them felt they were placed in a unit strictly for LGBTI inmates. The interviews with the PC and CM confirmed that LGBTI inmates are not placed in one specific facility, unit or dorm.

Based on a review of the PAQ, OP-21.04, GA-06.11B, meeting minutes from the Gender Dysphoria Multi-Disciplinary Team, the transgender biannual assessments, a review of inmate housing assignment and information obtained from interviews with the PC, CM, staff responsible for the risk screening and LGBTI inmates, this standard appears to be compliant.

## Standard 115.43: Protective Custody

### 115.43 (a)

- Does the facility always refrain from placing inmates at high risk for sexual victimization in involuntary segregated housing unless an assessment of all available alternatives has been made, and a determination has been made that there is no available alternative means of separation from likely abusers?  Yes  No
- If a facility cannot conduct such an assessment immediately, does the facility hold the inmate in involuntary segregated housing for less than 24 hours while completing the assessment?  Yes  No

### 115.43 (b)

- Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Programs to the extent possible?  Yes  No
- Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Privileges to the extent possible?  Yes  No
- Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Education to the extent possible?  Yes  No
- Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Work opportunities to the extent possible?  Yes  No

- If the facility restricts any access to programs, privileges, education, or work opportunities, does the facility document the opportunities that have been limited? (N/A if the facility *never* restricts access to programs, privileges, education, or work opportunities.)  Yes  No  NA
- If the facility restricts any access to programs, privileges, education, or work opportunities, does the facility document the duration of the limitation? (N/A if the facility *never* restricts access to programs, privileges, education, or work opportunities.)  Yes  No  NA
- If the facility restricts any access to programs, privileges, education, or work opportunities, does the facility document the reasons for such limitations? (N/A if the facility *never* restricts access to programs, privileges, education, or work opportunities.)  Yes  No  NA

#### 115.43 (c)

- Does the facility assign inmates at high risk of sexual victimization to involuntary segregated housing only until an alternative means of separation from likely abusers can be arranged?  Yes  No
- Does such an assignment not ordinarily exceed a period of 30 days?  Yes  No

#### 115.43 (d)

- If an involuntary segregated housing assignment is made pursuant to paragraph (a) of this section, does the facility clearly document the basis for the facility's concern for the inmate's safety?  Yes  No
- If an involuntary segregated housing assignment is made pursuant to paragraph (a) of this section, does the facility clearly document the reason why no alternative means of separation can be arranged?  Yes  No

#### 115.43 (e)

- In the case of each inmate who is placed in involuntary segregation because he/she is at high risk of sexual victimization, does the facility afford a review to determine whether there is a continuing need for separation from the general population EVERY 30 DAYS?  Yes  No

#### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

#### Documents:

1. Pre-Audit Questionnaire
2. GA-06.11B
3. Housing Records

#### Interviews:

1. Interview with the Warden
2. Staff who Supervise Inmates in Segregated Housing

### Findings (By Provision):

**115.43 (a):** GA-06.11B, page 3 indicates that consistent with SCDC Policy OP-21.04, inmates at risk for possible abuse may be placed in isolation only as a last resort, when less restrictive measures of protection are not available and then only until an alternative means of keeping all inmates safe can be arranged. The PAQ indicated that there have been zero inmates placed in involuntary segregated housing due to their risk of victimization, for 24 hours or less. The interview with the Warden indicated that the policy does not prohibit placement in restrictive housing, however they cannot keep an inmate in RHU past a specific timeframe. He indicated that if they are placed in RHU they have to justify it. He stated they would place them in RHU as a last resort and that they try not to place any victims in RHU but rather rehouse them elsewhere and place the perpetrator in RHU. A review of housing records for 62 inmates at high risk of victimization indicated that none were placed in restrictive housing due to their risk of victimization.

**115.43 (b):** GA-06.11B, page 3, indicates that consistent with SCDC Policy OP-21.04, inmates at risk for possible abuse may be placed in isolation only as a last resort, when less restrictive measures of protection are not available and then only until an alternative means of keeping all inmates safe can be arranged. During the tour the auditor observed that no inmates at high risk of victimization were placed in the RHU. The interview with the staff who supervise inmates in segregated housing confirmed that inmates placed in RHU for this purpose would not have access to programs and privileges but that the reason would be documented. No inmates were in segregated status due to their risk of victimization and as such interviews were not conducted.

**115.43 (c):** The PAQ indicated that no inmates were assigned to involuntary segregated housing longer than 30 days while awaiting alternative placement. The interview with the Warden indicated that if there was an actual sexual abuse issue or allegation that the inmate may be placed in RHU until they could be transferred. He stated this would typically (pre COVID-19) occur within a day or two. He stated that inmates at high risk would not be placed in RHU just because they are high risk. The interview with the staff who supervise inmates in segregated housing confirmed that inmates would only be placed involuntarily in RHU until they could find an alternative means of separation from likely abusers. The staff stated this would typically not exceed 24 hours. No inmates were in segregated status due to their risk of victimization and as such interviews were not conducted

**115.43 (d):** The PAQ indicated that zero inmates were involuntarily segregated in the previous twelve months that required documentation of the basis for the facility's concern for the inmates' safety and the reason why no alternative means of separation could be arranged. A review of housing records for 62 inmates at high risk of victimization indicated that none were placed in restrictive housing due to their risk of victimization and as such no additional documentation was warranted.

**115.43 (e):** The PAQ indicated that every 30 calendar days, the facility shall afford the inmate a review to determine whether there is a continuing need for separation from the general population. The interview with the staff who supervise inmates in segregated housing confirmed that inmates would be reviewed every 30 days for their need for continued RHU placement.

Based on a review of the PAQ, GA.06.11B, high risk inmate housing records, observations from the facility tour related to the absence of a segregation units as well as information from the interview with the Warden, indicates that this standard appears to be compliant.

## Standard 115.51: Inmate reporting

### 115.51 (a)

- Does the agency provide multiple internal ways for inmates to privately report sexual abuse and sexual harassment?  Yes  No
- Does the agency provide multiple internal ways for inmates to privately report retaliation by other inmates or staff for reporting sexual abuse and sexual harassment?  Yes  No
- Does the agency provide multiple internal ways for inmates to privately report staff neglect or violation of responsibilities that may have contributed to such incidents?  Yes  No

### 115.51 (b)

- Does the agency also provide at least one way for inmates to report sexual abuse or sexual harassment to a public or private entity or office that is not part of the agency?  Yes  No
- Is that private entity or office able to receive and immediately forward inmate reports of sexual abuse and sexual harassment to agency officials?  Yes  No
- Does that private entity or office allow the inmate to remain anonymous upon request?  Yes  No
- Are inmates detained solely for civil immigration purposes provided information on how to contact relevant consular officials and relevant officials at the Department of Homeland Security? (N/A if the facility *never* houses inmates detained solely for civil immigration purposes)  Yes  No  NA

### 115.51 (c)

- Does staff accept reports of sexual abuse and sexual harassment made verbally, in writing, anonymously, and from third parties?  Yes  No
- Does staff promptly document any verbal reports of sexual abuse and sexual harassment?  Yes  No

### 115.51 (d)

- Does the agency provide a method for staff to privately report sexual abuse and sexual harassment of inmates?  Yes  No

### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

**Does Not Meet Standard** (*Requires Corrective Action*)

**Documents:**

1. Pre-Audit Questionnaire
2. OP-21.12
3. SCDC Sexual Abuse Response Protocol
4. Let's Talk About Safety Brochure
5. PREA Roll Call Refresher
6. General Housing Unit Rules

**Interviews:**

1. Interview with Random Staff
2. Interview with Random Inmates
3. Interview with the PREA Compliance Manager

**Site Review Observations:**

1. Observation of PREA Reporting in all Housings Units

**Findings (By Provision):**

**115.51 (a):** OP-21.12, page 3, indicates that inmates incarcerated in a SCDC facility may report any act of sexual abuse by calling \*22, and/or by written or verbal reports to any agency staff member, contract employee, volunteer, or the Division of Investigations or SLED. A review of the brochure, the General Housing Unit Rules and the PREA Refresher indicates that inmates can report verbally to staff or SLED, by dialing \*22, by filing a grievance or using the kiosk or through a third party such as a family or friend. The documentation indicates that inmates can report with or without giving their name and that they will not be subject to retaliation, reprisal, harassment or disciplinary action. During the tour, it was observed that information on how to report PREA allegations was outlined on the PREA posters throughout the facility. This included the victim advocacy information as well as the hotline information. Interviews with inmates indicated that 37 inmates were aware of at least one method to report sexual abuse and sexual harassment. The majority knew more than one method to report and most indicated they would report via the hotline, the kiosk or to a staff member. Interviews with twelve random staff confirmed that there are numerous methods for inmates to privately report sexual abuse and sexual harassment. Staff indicated that inmates could report to verbally, in writing, anonymously and through a third party. During the tour the auditor tested the PREA hotline and advocacy line to ensure access.

**115.51 (b):** OP-21.12, page 3, indicates that inmates incarcerated in a SCDC facility may report any act of sexual abuse by calling \*22, and/or by written or verbal reports to any agency staff member, contract employee, volunteer, or the Division of Investigations or SLED. The PAQ indicated that the agency provides at least one method for inmates to report abuse or harassment to a public or private entity or office that is not part of the agency. Inmates can report in writing to SLED (PO Box 21398, Columbia, SC 29221). A review of the brochure and poster indicated that inmates are provided information on how to report allegation to the outside law enforcement agency (SLED). Additionally, inmates are provided information related to the outside reporting mechanism during the PREA training at inmate orientation. The brochure and poster noted that inmates can anonymously report to SLED and inmates are advised of this and how to do this during the PREA training at inmate orientation. Inmates can request legal envelopes or can utilize their own envelopes. Postage is not required and a return address and inmate name/number are also not required. The auditor sent a letter to SLED to ensure that the third-party reporting mechanism was available. The auditor received an email from the PREA Coordinator eight calendar days later indicating the letter was received. This confirmed that the information was reported back to the PC and facility and as such the outside reporting mechanism was confirmed operational. The interview with the CM indicated that inmates report through the hotline, through the advocacy line and can send things to SCDC headquarters. Additionally, he stated that the inmates can contact their family through their tablets and they can call or email the facility. Interviews with inmates indicated that 37 were

aware of a method to report and but only twelve were aware of an outside reporting mechanism. Most of the twelve indicated the outside mechanism would be their family. None of the inmates specifically named SLED as the outside reporting mechanism. The facility does not detain inmates solely for civil immigration purposes so this section of the provision does not apply.

**115.51 (c):** OP-21.12, page 3, indicates that inmates incarcerated in a SCDC facility may report any act of sexual abuse by call \*22, and/or by written or verbal reports to any agency staff member, contract employee, volunteer, or the Division of Investigations or SLED. The SCDC Sexual Abuse Response Protocol, Section II, indicates that staff who receive a report (whether verbal, in writing, anonymously, from a third party, or in some other manner) or witness sexual abuse will report it and will take appropriate initial steps. The PAQ indicates that staff accept all reports and that they immediately document any verbal allegations of sexual abuse or sexual harassment. A review of the brochure and PREA Refresher indicate that inmates can report verbally to staff or in writing to SLED, by dialing \*22, by filing a grievance or using the kiosk or through a third party such as a family or friend. Interviews with inmates confirm that all 37 inmates interviewed were aware of at least one method to report sexual abuse and sexual harassment. 29 indicated they knew they could report anonymously and 32 stated they knew a third party could report on their behalf. Interviews with a staff indicate that all twelve would accept all allegations made verbally, in writing, anonymously and through a third party. Staff stated that they immediately report any verbal allegation to their supervisor and that that it would be documented. A review of investigative reports indicated that the facility received reports through the victim verbally, through the victim in writing and through third parties.

**115.51 (d):** The PAQ indicates that the agency has a procedure for staff to privately report sexual abuse and sexual harassment of inmates. Interviews with staff indicate that eleven of the twelve knew they could privately report sexual abuse and sexual harassment of inmates. The staff stated they could report privately to a supervisor or through the hotline (\*22).

Based on a review of the PAQ, OP-21.12, the Sexual Abuse Response Protocol, the brochure, the PREA Refresher, PREA signage, information from SLED, observations from the facility tour related to PREA signage and posted information and interviews with the CM, random inmates and random staff, this standard appears to be compliant.

### **Recommendation**

While the facility complies with the standard the auditor highly recommends that the facility emphasize the outside reporting mechanism (SLED) during inmate PREA education. While the information is posted throughout the facility, is provided in the orientation packet and is available on the kiosk and tablet, only twelve out of 40 inmates were aware of the mechanism. Additionally, the CM was not familiar with SLED as the outside reporting mechanism and as such may cause confusion with the inmates and staff.

## **Standard 115.52: Exhaustion of administrative remedies**

### **115.52 (a)**

- Is the agency exempt from this standard? NOTE: The agency is exempt ONLY if it does not have administrative procedures to address inmate grievances regarding sexual abuse. This does not mean the agency is exempt simply because an inmate does not have to or is not ordinarily expected to submit a grievance to report sexual abuse. This means that as a matter of explicit policy, the agency does not have an administrative remedies process to address sexual abuse.  Yes  No

### **115.52 (b)**

- Does the agency permit inmates to submit a grievance regarding an allegation of sexual abuse without any type of time limits? (The agency may apply otherwise-applicable time limits to any portion of a grievance that does not allege an incident of sexual abuse.) (N/A if agency is exempt from this standard.)  Yes  No  NA
- Does the agency always refrain from requiring an inmate to use any informal grievance process, or to otherwise attempt to resolve with staff, an alleged incident of sexual abuse? (N/A if agency is exempt from this standard.)  Yes  No  NA

#### 115.52 (c)

- Does the agency ensure that: An inmate who alleges sexual abuse may submit a grievance without submitting it to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.)  Yes  No  NA
- Does the agency ensure that: Such grievance is not referred to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.)  Yes  No  NA

#### 115.52 (d)

- Does the agency issue a final agency decision on the merits of any portion of a grievance alleging sexual abuse within 90 days of the initial filing of the grievance? (Computation of the 90-day time period does not include time consumed by inmates in preparing any administrative appeal.) (N/A if agency is exempt from this standard.)  Yes  No  NA
- If the agency claims the maximum allowable extension of time to respond of up to 70 days per 115.52(d)(3) when the normal time period for response is insufficient to make an appropriate decision, does the agency notify the inmate in writing of any such extension and provide a date by which a decision will be made? (N/A if agency is exempt from this standard.)  Yes  No  NA
- At any level of the administrative process, including the final level, if the inmate does not receive a response within the time allotted for reply, including any properly noticed extension, may an inmate consider the absence of a response to be a denial at that level? (N/A if agency is exempt from this standard.)  Yes  No  NA

#### 115.52 (e)

- Are third parties, including fellow inmates, staff members, family members, attorneys, and outside advocates, permitted to assist inmates in filing requests for administrative remedies relating to allegations of sexual abuse? (N/A if agency is exempt from this standard.)  Yes  No  NA
- Are those third parties also permitted to file such requests on behalf of inmates? (If a third-party files such a request on behalf of an inmate, the facility may require as a condition of processing the request that the alleged victim agree to have the request filed on his or her behalf, and may also require the alleged victim to personally pursue any subsequent steps in the administrative remedy process.) (N/A if agency is exempt from this standard.)  Yes  No  NA

- If the inmate declines to have the request processed on his or her behalf, does the agency document the inmate's decision? (N/A if agency is exempt from this standard.)  
 Yes  No  NA

#### 115.52 (f)

- Has the agency established procedures for the filing of an emergency grievance alleging that an inmate is subject to a substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.)  Yes  No  NA
- After receiving an emergency grievance alleging an inmate is subject to a substantial risk of imminent sexual abuse, does the agency immediately forward the grievance (or any portion thereof that alleges the substantial risk of imminent sexual abuse) to a level of review at which immediate corrective action may be taken? (N/A if agency is exempt from this standard.)  
 Yes  No  NA
- After receiving an emergency grievance described above, does the agency provide an initial response within 48 hours? (N/A if agency is exempt from this standard.)  Yes  No  NA
- After receiving an emergency grievance described above, does the agency issue a final agency decision within 5 calendar days? (N/A if agency is exempt from this standard.)  
 Yes  No  NA
- Does the initial response and final agency decision document the agency's determination whether the inmate is in substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.)  Yes  No  NA
- Does the initial response document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.)  Yes  No  NA
- Does the agency's final decision document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.)  Yes  No  NA

#### 115.52 (g)

- If the agency disciplines an inmate for filing a grievance related to alleged sexual abuse, does it do so ONLY where the agency demonstrates that the inmate filed the grievance in bad faith? (N/A if agency is exempt from this standard.)  Yes  No  NA

#### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

#### Documents:

1. Pre-Audit Questionnaire
2. GA-01.12

3. Memo Related to Extensions
4. Grievances

### **Findings (By Provision):**

**115.52 (a):** GA-01.12 is the policy related to inmate grievances/administrative remedy. The PAQ indicated that the agency is not exempt from this standard.

**115.52 (b):** GA-01.12, page 8, describes the grievance process for allegations of sexual abuse. Specifically, it states that there will be no time frame for filing a grievance alleging sexual abuse. The inmate will not be required to attempt any informal resolution. A review of the orientation packet indicated that information is provided to inmates related to the grievance process.

**115.52 (c):** GA-01.12 outlines the grievance process for allegations of sexual abuse and sexual harassment. Page 6 specifically state that no employee involved or addressed in a grievance will be assigned to conduct any investigation regarding the same. A review of the orientation packet indicated that information is provided to inmates related to the grievance process.

**115.52 (d):** GA-01.12 outlines the grievance process for allegations of sexual abuse and sexual harassment. Specifically, page 8 indicates that the agency will provide an agency final response to any grievance alleging sexual abuse within 90 days of the initial filing of the grievance. The 90 days will not include time consumed by the inmate preparing any administrative appeal. If the grievance cannot be addressed within 90 days, a one-time extension, up to 70 days, may be granted. However, the inmate must be notified in writing of the extension and the date by which the decision will be made. If the inmate does not receive a response in the time allotted for a reply the inmate may consider the absence of a response to be a denial at that level. The PAQ indicated that there were four grievances of sexual abuse filed in the previous twelve months. After review it was determined there were only three grievances of sexual abuse within the previous twelve months. One was a sexual harassment allegation that was not repeated. A review of the grievances indicated that one had a memo to the CM at the facility to initiate an investigation and provide the inmate notification of the investigation once completed. This serves as the agency's response to the grievances. The current CM was not at the facility in 2019 and was unable to locate the response to the inmate related to the grievance. Additionally, the two other grievances that involved possible staff voyeurism did not contain the memo to the CM or any notification to the inmate related to the grievance response. While policy indicates that this is the practice and a procedure is in place on how to handle the grievances, the auditor is unable to determine compliance related to this provision due to limited and unavailable documentation. Additionally, agency policy requires a response and as such a consideration of the absence of a response a denial would not apply or be appropriate. The interviews with the two inmates who reported sexual harassment indicated that one did not receive any information while the other received a paper related to the outcome of the investigation. Neither inmate reported via a grievance.

**115.52 (e):** GA-01.12 outlines the grievance process for third parties, including fellow inmates, staff members, family members, attorneys, and outside advocates, shall be permitted to assist inmates in filing grievances for administrative remedies relating to allegations of sexual abuse and shall be permitted to assist inmates in filing grievances for administrative remedies relating to allegations of sexual abuse and shall be permitted to file on behalf of the inmate. However, the inmate must agree in writing, that he/she wishes to have the grievance processed on his/her behalf. If the inmate declines, this decision will be documented on the grievance form. The PAQ indicated that there have not been any third-party grievances filed in the previous twelve months. A review of the three sexual abuse grievances confirmed that none were filed by a third party.

**115.52 (f):** GA-01.12 outlines the grievance process for allegations of sexual abuse and sexual harassment. Specifically, page 9 states that if the inmate files an emergency grievance showing substantial risk of imminent sexual abuse, the agency shall immediately forward the grievance to the

Warden for response within 48 hours of receipt of the grievance and an agency final decision shall be provided within five calendar days. The PAQ indicated that there have been zero emergency grievances alleging substantial risk of imminent sexual abuse filed in the previous twelve months. A review of the three sexual abuse grievances confirmed none were emergency grievances alleging imminent risk or sexual abuse.

**115.52 (g):** GA-01.12, page 9 indicates that the agency may discipline an inmate for filing a grievance related to the alleged sexual abuse if there is evidence that the inmate filed the grievance in bad faith. The PAQ indicated that no inmates have been disciplined for filing a grievance in bad faith in the previous twelve months.

Based on a review of the PAQ, GA-01.12, the grievance log and five grievances, indicates that this standard appears to require corrective action. A review of the grievances indicated that one had a memo to the CM at the facility to initiate an investigation and provide the inmate notification of the investigation once completed. This serves as the agency's response to the grievances. The current CM was not at the facility in 2019 and was unable to locate the response to the inmate related to the grievance. Additionally, the two other grievances that involved possible staff voyeurism did not contain the memo to the CM or any notification to the inmate related to the grievance response. While policy indicates that this is the practice and a procedure is in place on how to handle the grievances, the auditor is unable to determine compliance related to this provision due to limited and unavailable documentation. Additionally, agency policy requires a response and as such a consideration of the absence of a response a denial would not apply or be appropriate.

### **Corrective Action**

The auditor suggests that facility staff review the current grievance policy and train applicable staff on the appropriate procedures for grievances. Specifically, that a response is required to the inmate within 90 days. If the three grievance responses are available the auditor suggest the facility forward that information to the auditor for review to determine compliance. If they are not available, or were not completed, the auditor requires that the facility provide future documentation illustrating the correct grievance process. The auditor will need to see a minimum of four grievances with appropriate response within 90 days.

### **Verification of Corrective Action since the Interim Audit Report**

The auditor gathered and analyzed the following additional evidence provided by the facility during the corrective action period relevant to the requirements in this standard.

#### **Additional Documents:**

1. Memorandum from the Compliance Manager
2. Two Sexual Abuse Grievances

After the issuance of the Interim Audit Report, the auditor and the facility discussed the corrective action related to this standard. The auditor was provided a memo on April 28, 2021 indicating that the facility has established a process to track sexual abuse grievances separate from other grievances. The auditor was not provided the three prior grievances, however there were two sexual abuse grievances filed during the corrective action period. A review of the grievances confirmed that both included a response within the 90 day timeframe. One was received on March 23, 2021 and the inmate was provided a response on March 25, 2021 indicating that the allegation was forwarded for investigation. The other was received on March 22, 2021 and had a response provided on March 23, 2021. As such, based on the memo and the two grievances this standard appears to be corrected and as such compliant.

## **Standard 115.53: Inmate access to outside confidential support services**

### 115.53 (a)

- Does the facility provide inmates with access to outside victim advocates for emotional support services related to sexual abuse by giving inmates mailing addresses and telephone numbers, including toll-free hotline numbers where available, of local, State, or national victim advocacy or rape crisis organizations?  Yes  No
- Does the facility provide persons detained solely for civil immigration purposes mailing addresses and telephone numbers, including toll-free hotline numbers where available of local, State, or national immigrant services agencies? (N/A if the facility *never* has persons detained solely for civil immigration purposes.)  Yes  No  NA
- Does the facility enable reasonable communication between inmates and these organizations and agencies, in as confidential a manner as possible?  Yes  No

### 115.53 (b)

- Does the facility inform inmates, prior to giving them access, of the extent to which such communications will be monitored and the extent to which reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws?  Yes  No

### 115.53 (c)

- Does the agency maintain or attempt to enter into memoranda of understanding or other agreements with community service providers that are able to provide inmates with confidential emotional support services related to sexual abuse?  Yes  No
- Does the agency maintain copies of agreements or documentation showing attempts to enter into such agreements?  Yes  No

### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

### Documents:

1. Pre-Audit Questionnaire
2. GA-06.11B
3. Memorandum of Understanding with the Family Resource Center (FRS)
4. Let's Talk About Safety Brochure
5. Family Resource Center Poster
6. General Housing Unit Rules
7. Zero Tolerance PREA Poster

### Interviews:

1. Interview with Random Inmates

## Site Review Observations:

1. Observations of Victim Advocacy Information

### Findings (By Provision):

**115.53 (a):** The PAQ indicated that inmates are provided access to outside victim emotional support services related to sexual abuse through a mailing address and a phone numbers and that the facility enables reasonable communication with these services in as confidential a manner as possible. A review of the Family Resource Center poster as well as the brochure, the Zero Tolerance poster and the General Housing Unit Rules indicated that inmates are provided a speed dial number (\*63) to contact FRS. Additionally, they are provided an address to Just Detention International for emotional support correspondence services. During the tour the auditor observed that each housing unit had the FRS speed dial number posted near the phones. Interviews with inmates indicated that seven were provided information on victim advocacy. Most stated that they were provided papers with it on it and that it is posted in the housing units. A few inmates indicated that they believed they received the information but they didn't need it. The victim advocacy information is contained in the General Housing Unit Rules, the Zero Tolerance poster and the FRC poster. This information is provided during orientation and is also posted throughout the facility. Interviews with inmates who reported harassment indicated that one was allowed to speak with the advocacy center and that was the route he initially tried to report the allegation. The other indicated he did not speak to anyone. Inmates are not detained solely for civil immigration purposes at the facility, therefore that part of the provision does not apply.

**115.53 (b):** The PAQ indicated that inmates were informed of the extent to which their communication would be monitored and the extent that reports of abuse would be forwarded to authorities, prior to giving them access. GA-06.11B indicates that any monitored communications of inmates, recording or live streaming of conversations with advocacy centers, will be expressed to inmates and/or others prior to authorization for use. A review of the posters indicated that inmates are informed that the services provided by FRC are free and confidential (information is bold and red in color). Interviews with inmates indicated that seven were provided information on victim advocacy. Most stated that they were provided papers with it on it and that it is posted in the housing units. A few inmates indicated that they believed they received the information but they didn't need it. The victim advocacy information is contained in the General Housing Unit Rules, the Zero Tolerance poster and the FRC poster. This information is provided during orientation and is also posted throughout the facility. The few inmates that were aware of the advocacy information advised that they believe the communication would be confidential. Interviews with inmates who reported harassment indicated that one was allowed to speak with the advocacy center and that was the route he initially tried to report the allegation. The other indicated he did not speak to anyone.

**115.53 (c):** The agency has a MOU with the Family Resource Center that indicates an agreement between the parties for services related to a 24-hour hotline, 24-hour hospital accompaniment, support services via in person or by mail and crisis intervention services. A review of the MOU indicates it was signed and executed on March 29, 2017. The interview with the FRC staff member confirmed that they have an MOU and provide services to LCI. The staff member advised they offer a 24-hour hotline, hospital accompaniment during forensic exams, on-site services during investigatory interviews or any other services that they would provide a victim in the community.

Based on a review of the PAQ, the brochure, the poster, the MOU with the FRC, observations from the facility tour related to PREA signage and posted information and information from interviews with random inmates and the staff member from FRC indicates that this standard appears to be compliant.

### Recommendation

While the facility complies with the standard based on policy, the MOU and the plethora of information provided and posted related to advocacy services, the auditor highly recommends that the facility

emphasis the FRS available services (including that the information is free and confidential) during inmate PREA education. While the information is posted throughout the facility, is provided in the orientation packet and is available on the kiosk and tablet, only seven out of 40 inmates had knowledge of the victim support services.

## Standard 115.54: Third-party reporting

### 115.54 (a)

- Has the agency established a method to receive third-party reports of sexual abuse and sexual harassment?  Yes  No
- Has the agency distributed publicly information on how to report sexual abuse and sexual harassment on behalf of an inmate?  Yes  No

### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

### Documents:

1. Pre-Audit Questionnaire

### Findings (By Provision):

**115.54 (a):** The PAQ indicated that the agency has a method to receive third-party reports of sexual abuse and sexual harassment and publicly distributes that information on how to report sexual abuse and sexual harassment on behalf of an inmate. A review of the agency's website ([http://www.doc.sc.gov/preaweb/prea\\_partnerships.html](http://www.doc.sc.gov/preaweb/prea_partnerships.html)) confirms that third parties can report on behalf of an inmate by clicking on a link on the page titled "Report Sexual Abuse or Sexual Harassment".

Based on a review of the PAQ and the agency's website this standard appears to be compliant.

## OFFICIAL RESPONSE FOLLOWING AN INMATE REPORT

## Standard 115.61: Staff and agency reporting duties

### 115.61 (a)

- Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether or not it is part of the agency?  Yes  No
- Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding retaliation against inmates or staff who reported an incident of sexual abuse or sexual harassment?  Yes  No

- Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding any staff neglect or violation of responsibilities that may have contributed to an incident of sexual abuse or sexual harassment or retaliation?  
 Yes  No

#### 115.61 (b)

- Apart from reporting to designated supervisors or officials, does staff always refrain from revealing any information related to a sexual abuse report to anyone other than to the extent necessary, as specified in agency policy, to make treatment, investigation, and other security and management decisions?  Yes  No

#### 115.61 (c)

- Unless otherwise precluded by Federal, State, or local law, are medical and mental health practitioners required to report sexual abuse pursuant to paragraph (a) of this section?  
 Yes  No
- Are medical and mental health practitioners required to inform inmates of the practitioner's duty to report, and the limitations of confidentiality, at the initiation of services?  Yes  No

#### 115.61 (d)

- If the alleged victim is under the age of 18 or considered a vulnerable adult under a State or local vulnerable persons statute, does the agency report the allegation to the designated State or local services agency under applicable mandatory reporting laws?  Yes  No

#### 115.61 (e)

- Does the facility report all allegations of sexual abuse and sexual harassment, including third-party and anonymous reports, to the facility's designated investigators?  Yes  No

#### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

#### Documents:

1. Pre-Audit Questionnaire
2. OP-21.12
3. GA-06.11
4. GA-06.11B
5. Investigative Reports

#### Interviews:

1. Interview with Random Staff
2. Interview with Medical and Mental Health Staff
3. Interview with the Warden
4. Interview with the PREA Coordinator

## Findings (By Provision):

**115.61 (a):** OP-21.12, page 3 outlines that staff will be trained that they are required to report immediately any knowledge or information regarding an incident of sexual abuse or sexual harassment. Additionally, page 4 states that any employee, volunteer, agent or contractor of the agency who observes or receives information concerning sexual abuse, including threats of sexual abuse or substantial risk of imminent sexual abuse, must report it immediately. The PAQ along with interviews with random staff confirm that they are required to report any knowledge, suspicion or information regarding an incident of sexual abuse and sexual harassment, staff neglect and/or retaliation due to reporting such abuse. All twelve staff indicated they would immediately report the allegation to their supervisor.

**115.61 (b):** GA.06.11, page 5, states that staff will only share information related to the incident with those people who need to know in order to ensure the alleged victim's safety, conduct the investigation, or provide treatment to the alleged victim or alleged perpetrator. The PAQ indicated that apart from reporting to designated supervisors or officials and designated state or local service agencies, agency policy prohibits staff from revealing any information related to a sexual abuse report to anyone other than to the extent necessary to make treatment, investigation and other security and management. Interviews with staff indicate that when they learn of an allegation they report to their supervisor.

**115.61 (c):** Interviews with medical and mental health care staff confirmed that they are required to report all allegations of sexual abuse that occurred within a confinement setting. None of the staff reviewed had an inmate previously report an allegation to them. All three staff indicated that they disclose limitation of confidentiality and any duty to report. A review of sexual abuse allegations indicated that none were reported to medical and mental health care staff.

**115.61 (d):** The interview with the PC confirmed that any allegation made by an inmate under the age of 18 or considered a vulnerable adult would be reported to the Director of the Youth Offender Program. The Director would report to the Department of Juvenile Justice. The information would also be reported to Police Services for investigation. The Warden stated that the Police Services would handle any notifications. The facility does not house any inmates under the age of eighteen and as such no reports of this nature were documented.

**115.61 (e):** GA.06.11B, page 4, states that all employees are required to report immediately any knowledge, suspicion, information or allegation of sexual offenses. Additionally, it states that anyone who suspects, alleges or has knowledge of sexual abuse of an inmate may report the allegation on the SCDC PREA Tips website. The interview with the Warden confirmed that this is the practice and that all allegations are forwarded to the PC who determines if it is investigated by Police Services or the facility investigator. A review of the nine allegations, to include those that did not rise to the level of PREA, indicated that two were reported via a third party, one through the kiosk, two through grievances, one through the hotline and three verbally. All were forwarded for investigation, including those that did not rise to the level of PREA.

Based on a review of the PAQ, OP-21.12, GA-06.11B, investigative reports and information from interviews with random staff, medical, mental health, the PREA Coordinator and the Warden indicate that that this standard appears to be compliant.

## Standard 115.62: Agency protection duties

### 115.62 (a)

- When the agency learns that an inmate is subject to a substantial risk of imminent sexual abuse, does it take immediate action to protect the inmate?  Yes  No

## Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

**Documents:**

1. Pre-Audit Questionnaire
2. OP-21.12
3. Incident Reports

**Interviews:**

1. Interview with the Agency Head Designee
2. Interview with the Warden
3. Interview with Random Staff

**Findings (By Provision):**

**115.62 (a):** OP-21.12, page 4 states that any employee, volunteer, agent or contractor of the agency who observes or receives information concerning sexual abuse, including threats of sexual abuse or a substantial risk of imminent sexual abuse, must immediately report it. The PAQ noted that there was one inmate who was determined to be at risk of imminent sexual abuse and that the average amount of time that passed before taking action was 24 hours. The interview with the Warden indicated that actions would depend on the incident. He stated they would initially try to move the inmate to a different housing unit and monitor him to see if this alleviates the issue. If it does not then he stated that the next step would be to move the inmate to the RHU until he could be transported to another facility. The Agency Head Designee interview confirmed that if there was a specific source of imminent sexual abuse, the abuser would be relocated so there would be no contact. She also stated that potential victimization or abusiveness would be used to consider all housing and work assignments and that as a last resort Protective Custody could be utilized for the victim. The interviews with random staff indicated that if there was substantial risk that they would remove the inmate from the situation and contact a supervisor. Some staff indicated they would take the inmate to the RHU for protection until the next steps could be taken. The auditor requested documentation indicating the protective actions that were taken related to the one instance where an inmate was determined to be at imminent risk of sexual abuse. The facility was unable to provide the auditor with the requested documentation in the allotted interim report timeframe. As such, the auditor was unable to determine compliance of this standard.

Based on a review of the PAQ, OP-21.12, incident reports and interviews with the Agency Head Designee, Warden and random staff, this standard appears to require corrective action. The auditor requested documentation indicating the protective actions that were taken related to the one instance where an inmate was determined to be at imminent risk of sexual abuse. The facility was unable to provide the auditor with the requested documentation in the allotted interim report timeframe. As such, the auditor was unable to determine compliance of this standard.

**Corrective Action**

The auditor will need to review the documentation indicating the protective actions taken related to the one instance where an inmate was determined to be at imminent risk of sexual abuse in order to determine compliance of this standard. The auditor requests that the associated documentation be provided. If documentation is unable to be provided, the auditor suggests that the facility meet to review their documentation process. The auditor would then like a memo detailing the meeting as well as

information related to the instance and what occurred to protect the inmate. The auditor would also like for the Warden to provide information on their process for this standard as well as an assurance that the process is routinely followed. The auditor is aware that examples of this standard are rare across many facilities, however the auditor requests any subsequent examples of protective actions of inmates at risk of imminent sexual abuse during the corrective action period.

### Verification of Corrective Action since the Interim Audit Report

The auditor gathered and analyzed the following additional evidence provided by the facility during the corrective action period relevant to the requirements in this standard.

#### Additional Documents:

1. Investigative Report

After the issuance of the Interim Audit Report, the auditor and the facility discussed the corrective action related to this standard. On April 28, 2021 the facility provided the auditor with the requested documentation related to the one instance where an inmate was at imminent risk of sexual abuse. The allegation was reported through a third party family member related to potential victimization. The inmate was immediately separated from the alleged perpetrator. The inmate victim was reassigned to another housing unit and was taken to mental health for services. The allegation was then investigated. Based on the information provided the facility handled the imminent risk appropriately and documentation confirmed appropriate actions were taken. As such this standard appears to be compliant.

## Standard 115.63: Reporting to other confinement facilities

### 115.63 (a)

- Upon receiving an allegation that an inmate was sexually abused while confined at another facility, does the head of the facility that received the allegation notify the head of the facility or appropriate office of the agency where the alleged abuse occurred?  Yes  No

### 115.63 (b)

- Is such notification provided as soon as possible, but no later than 72 hours after receiving the allegation?  Yes  No

### 115.63 (c)

- Does the agency document that it has provided such notification?  Yes  No

### 115.63 (d)

- Does the facility head or agency office that receives such notification ensure that the allegation is investigated in accordance with these standards?  Yes  No

### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

**Documents:**

1. Pre-Audit Questionnaire
2. OP-21.12
3. GA-06.11B
4. Warden to Warden PREA Notification Form
5. Investigative Reports

**Interviews:**

1. Interview with the Agency Head Designee
2. Interview with the Warden

**Findings (By Provision):**

**115.63 (a).** GA-06.11B, page 5 states that any reports or allegations of sexual abuse that occurred while an inmate was housed at an institution outside the authority of SCDC will be reported to the Warden within 72 hours of receiving the allegation and will be documented utilizing SCDC Form 19-184, Warden to Warden PREA Notification. The PAQ indicated that during the previous twelve months, the facility had one instance where an inmate reported that he was abused while confined at another facility. A review of investigative reports confirm that one inmate reported he was sexually abused while housed at another SCDC facility. The allegation was reported on October 22, 2020 and was forwarded to the Warden at the facility where it occurred on October 29, 2020.

**115.63 (b):** GA-06.11B, page 5 states that any reports or allegations of sexual abuse that occurred while an inmate was housed at an institution outside the authority of SCDC will be reported to the Warden within 72 hours of receiving the allegation and will be documented utilizing SCDC Form 19-184, Warden to Warden PREA Notification. The PAQ indicated that during the previous twelve months, the facility had one instance where an inmate reported that he was abused while confined at another facility. A review of investigative reports confirm that one inmate reported he was sexually abused while housed at another SCDC facility. The allegation was reported on October 22, 2020 and was forwarded to the Warden at the facility where it occurred on October 29, 2020.

**115.63 (c):** GA-06.11B, page 5 states that any reports or allegations of sexual abuse that occurred while an inmate was housed at an institution outside the authority of SCDC will be reported to the Warden within 72 hours of receiving the allegation and will be documented utilizing SCDC Form 19-184, Warden to Warden PREA Notification. The PAQ indicated that during the previous twelve months, the facility had one instance where an inmate reported that he was abused while confined at another facility. A review of investigative reports confirm that one inmate reported he was sexually abused while housed at another SCDC facility. The allegation was reported on October 22, 2020 and was forwarded to the Warden at the facility where it occurred on October 29, 2020.

**115.63 (d):** OP-21.12 indicates that all allegations of sexual abuse and sexual harassment, including threats and attempts, will be immediately and aggressively investigated. The PAQ indicated that during the previous twelve months, the facility had two reports from other facilities that an inmate reported that he was abused while confined at Lee CI. A review of investigative reports indicated that none of the allegations within the previous twelve months were reported at another facility. The CM indicated that this was an error on the PAQ and that they did not have any allegations reported from another facility. The interview with the Agency Head Designee indicated that allegations received from another agency or facility are referred to the agency PC as the central point of contact. The PC then reviews the allegation and refers it either to the CM for an administrative investigation or to Police Services for a criminal investigation. The interview with the Warden confirmed that the allegation would be reported and referred for investigation. The Warden stated that he had one at his prior facility, but none at LCI.

Based on a review of the PAQ, OP-21.12, GA-06.11B, and information from interviews with the Agency Head Designee and Warden, this standard appears to require corrective action. The facility only had one

allegation that was reported at LCI that occurred at another institution. While the one notification was made to the Warden, it was not made within the required 72-hour timeframe. Due to the lack of additional examples the auditor is unable to find provision (b) compliant.

### **Corrective Action**

The facility will need to provide the auditor with a memo from the Warden indicating the deficiency related to provision (b) and how it will be corrected in the future. All staff that have a responsibility under this standard, to include those that receive the allegation and forward it to the Warden, will need to sign the memo indicating they understand their responsibilities. Additionally, the auditor will need to see examples of the notification within the appropriate timeframe. The auditor understands there may not be many examples under this provision and as such will not set a number of examples required, but will require all examples in the corrective action period to be provided.

### **Verification of Corrective Action since the Interim Audit Report**

The auditor gathered and analyzed the following additional evidence provided by the facility during the corrective action period relevant to the requirements in this standard.

#### **Additional Documents:**

1. Training Meeting Minutes
2. Warden to Warden Notification Forms

After the issuance of the Interim Audit Report, the auditor and the facility discussed the corrective action related to this standard. On April 28, 2021 the facility provided the auditor with meeting minutes related to the discussion of the appropriate timeframes under this standard. Staff were instructed and reminded to ensure all Warden to Warden notifications are completed within 72 hours. On June 1, 2021 the auditor was provided three Warden to Warden notification forms. One was reported on April 15, 2021 and had a Warden to Warden notification completed on April 16, 2021. The second was reported on April 26, 2021 and had a Warden to Warden notification completed on April 27, 2021 and the last was reported on May 19, 2021 and had a Warden to Warden notification completed on May 21, 2021. Based on the meeting minutes and the three examples this standard appears to be corrected and as such compliant.

## **Standard 115.64: Staff first responder duties**

### **115.64 (a)**

- Upon learning of an allegation that an inmate was sexually abused, is the first security staff member to respond to the report required to: Separate the alleged victim and abuser?  
 Yes  No
- Upon learning of an allegation that an inmate was sexually abused, is the first security staff member to respond to the report required to: Preserve and protect any crime scene until appropriate steps can be taken to collect any evidence?  Yes  No
- Upon learning of an allegation that an inmate was sexually abused, is the first security staff member to respond to the report required to: Request that the alleged victim not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence?  Yes  No
- Upon learning of an allegation that an inmate was sexually abused, is the first security staff member to respond to the report required to: Ensure that the alleged abuser does not take any

actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence?  Yes  No

#### 115.64 (b)

- If the first staff responder is not a security staff member, is the responder required to request that the alleged victim not take any actions that could destroy physical evidence, and then notify security staff?  Yes  No

#### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

#### Documents:

1. Pre-Audit Questionnaire
2. OP-21.12
3. SCDC Sexual Abuse Response Checklist
4. Investigative Reports

#### Interviews:

1. Interview with Security Staff and Non-Security Staff First Responders
2. Interview with Inmates who Reported Sexual Abuse

#### Findings (By Provision):

**115.64 (a):** OP-21.12, page 5 describes staff first responder duties. Specifically, it states that security staff first responders must take the following initial steps: identify and separate perpetrator and victim, immediately take the victim to medical, isolate any witnesses, secure the crime scene and document all incident promptly. Additionally, the SCDC Sexual Abuse Response Checklist indicates that security staff first at the scene shall separate survivor and alleged abuser(s), secure any crime scene(s) and preserve any evidence, and if the assault involved sexual contact, advise the survivor not to take any action to destroy evidence and place the perpetrator in a dry cell with restricted access to a toilet or water. The PAQ indicated that during the previous twelve months, there has been one allegation of sexual abuse. Additionally, it stated that no allegations involved the separation of victim and abuser, none involved securing a crime scene and none were within a timeframe for the collection of physical evidence. A review of the one investigative report for the staff sexual abuse allegation indicated that the allegation was an alleged relationship with witnessed hugging. The allegation did not involve the separation of victim and alleged abuser, nor did it involve the collection of physical evidence. Interviews with first responders indicated they would separate the inmates, secure the area where it occurred, not allow the inmates to shower or anything of that nature, notify a supervisor and take the inmate to medical. The interviews with inmates who reported sexual abuse indicated that one believed the security staff member handled the situation appropriately but that his mother had called mental health and reported it five days prior and nothing happened. The other inmate indicated he reported and was moved from his housing unit and then a day a half later the CM came to talk to him and investigate.

**115.64 (b):** The PAQ indicated that the agency policy requires that if the first staff responder is not a security staff member, that the responder shall be required to request that the alleged victim not take any

action to destroy physical evidence and to notify security. The PAQ indicated that during the previous twelve months, there have been no allegations of sexual abuse where the first responder was a non-security staff member and that the staff member requested the victim not to take any action to destroy evidence and notified security. A review of the one sexual abuse investigative report confirmed that it was not reported to a non-security staff member. Interviews with first responders indicated they would separate the inmates, secure the area where it occurred, not allow the inmates to shower or anything of that nature, notify a supervisor and take the inmate to medical. The non-security staff first responder indicated she would call security and relay the information immediately. Interviews with random staff indicated that all twelve were familiar with first responder duties. Staff stated they would contact their supervisor, separate the inmates and secure the crime scene.

Based on a review of the PAQ, OP-21.12, the Sexual Abuse Response Checklist, the PREA Coordinated Response Protocol, a review of investigative reports and interviews with random staff, staff first responders and inmates who reported sexual abuse, this standard appears to be compliant.

## Standard 115.65: Coordinated response

### 115.65 (a)

- Has the facility developed a written institutional plan to coordinate actions among staff first responders, medical and mental health practitioners, investigators, and facility leadership taken in response to an incident of sexual abuse?  Yes  No

### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

### Documents:

1. Pre-Audit Questionnaire
2. PREA Coordinated Response Protocol

### Interviews:

1. Interview with the Warden

### Findings (By Provision):

**115.65 (a):** The PAQ indicated that the facility has a written plan that coordinates actions taken in response to incidents of sexual abuse among staff first responders, medical and mental health, investigators and facility leaders. A review of the PREA Coordinated Response Protocol indicated that the document is extremely comprehensive and includes staff first responder duties, shift supervisor duties, facility leadership (CM and Warden) duties, medical and mental health duties, SANE/SAFE duties, rape crisis advocate duties, and investigative duties. The plan includes the information and actions that each person and/or department is responsible for completing during seven different stages after an allegation of sexual abuse. The Warden confirmed that the PREA policy indicates everyone's responsibilities and that there are attachments to the policy that directs staff on required actions so that they do not miss anything.

Based on a review of the PAQ, the PREA Coordinated Response Protocol and the interview with the Warden, this standard appears to be compliant.

## Standard 115.66: Preservation of ability to protect inmates from contact with abusers

### 115.66 (a)

- Are both the agency and any other governmental entities responsible for collective bargaining on the agency's behalf prohibited from entering into or renewing any collective bargaining agreement or other agreement that limits the agency's ability to remove alleged staff sexual abusers from contact with any inmates pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted?  Yes  No

### 115.66 (b)

- Auditor is not required to audit this provision.

### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

### Documents:

1. Pre-Audit Questionnaire

### Interviews:

1. Interview with the Agency Head Designee

### Findings (By Provision):

**115.66 (a):** The PAQ indicated that the agency has not entered into or renewed a collective bargaining agreement since August 20, 2012. The interview with the Agency Head Designee confirmed that the agency does not have collective bargaining.

**115.66 (b):** The PAQ indicated that the agency has not entered into or renewed a collective bargaining agreement since August 20, 2012. The interview with the Agency Head Designee confirmed that the agency does not have collective bargaining.

Based on a review of the PAQ and the interview with the Agency Head Designee, this standard appears to be compliant.

## Standard 115.67: Agency protection against retaliation

### 115.67 (a)

- Has the agency established a policy to protect all inmates and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation by other inmates or staff?  Yes  No
- Has the agency designated which staff members or departments are charged with monitoring retaliation?  Yes  No

#### 115.67 (b)

- Does the agency employ multiple protection measures, such as housing changes or transfers for inmate victims or abusers, removal of alleged staff or inmate abusers from contact with victims, and emotional support services, for inmates or staff who fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations?  Yes  No

#### 115.67 (c)

- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of inmates or staff who reported the sexual abuse to see if there are changes that may suggest possible retaliation by inmates or staff?  Yes  No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of inmates who were reported to have suffered sexual abuse to see if there are changes that may suggest possible retaliation by inmates or staff?  Yes  No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Act promptly to remedy any such retaliation?  Yes  No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor any inmate disciplinary reports?  Yes  No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor inmate housing changes?  Yes  No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor inmate program changes?  Yes  No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor negative performance reviews of staff?  Yes  No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor reassignments of staff?  Yes  No

- Does the agency continue such monitoring beyond 90 days if the initial monitoring indicates a continuing need?  Yes  No

#### 115.67 (d)

- In the case of inmates, does such monitoring also include periodic status checks?  
 Yes  No

#### 115.67 (e)

- If any other individual who cooperates with an investigation expresses a fear of retaliation, does the agency take appropriate measures to protect that individual against retaliation?  
 Yes  No

#### 115.67 (f)

- Auditor is not required to audit this provision.

#### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

#### Documents:

1. Pre-Audit Questionnaire
2. OP-21.12
3. GA-06.11B
4. Investigative Reports
5. Sexual Abuse Retaliation Monitoring Form 19-182

#### Interviews:

1. Interview with the Agency Head Designee
2. Interview with the Warden
3. Interview with Designated Staff Member Charged with Monitoring Retaliation
4. Interview with Inmates who Reported Sexual Abuse

#### Findings (By Provision):

**115.67 (a):** OP-21.12, page 4 states that no inmate will be subjected to retaliation, reprisal, harassment or disciplinary action by employees, volunteers or other inmates for reporting allegations or knowledge of sexual abuse against an inmate. Additionally, GA-06.11B, page 5 states that all Wardens will ensure that all inmates, staff, witnesses, and reporters be monitored and protected against retaliation for a minimum of 90 days while maintained in the same institution. The PAQ indicated that the facility has a policy and that retaliation monitoring is completed by the Associate Warden who is the CM.

**115.67 (b):** GA-06.11B, page 5 states that all Wardens will ensure that all inmates, staff, witnesses, and reporters be monitored and protected against retaliation for a minimum of 90 days while maintained in the same institution. Monitoring will be documented on SCDC Form 19-182. The interview with the

Agency Head Designee indicated that the perpetrator is removed from the areas that might allow contact with the victim and that the CM consults with and conducts wellness checks with the victim for at least 90 days. The Warden stated that if an allegation is substantiated that one of the inmates would be transferred from the facility and a separation would be placed, which means they cannot have contact again while incarcerated with the SCDC. He stated for unsubstantiated allegations they could simply change housing for one or both of the inmates. Additionally, if it involved staff and it was not substantiated, they could transfer the inmate to another facility for separation from the staff member. The interview with the staff member charged with monitoring retaliation indicated he would separate them by moving them to different living areas if possible. If there continues to be any issues he stated he would look at other types of separation, including facility transfers. He stated they have two yards at LCI, east and west, and so they are able to separate inmates easier at the facility to prevent retaliation. Additionally, if the possible retaliation involved staff, the monitoring staff stated that he would speak to the staff to address the issue and discipline them if appropriate. While the monitoring staff indicated that he had not had any sexual abuse allegations that involved monitoring, if he did he would check in with them every week or so and would have mental health follow up with them as well. Interviews with inmates who reported sexual abuse indicated that both felt safe at the facility. One indicated he did not feel protected from retaliation because the alleged perpetrator is still living on the unit.

**115.67 (c):** GA-06.11B, page 5 states that all Wardens will ensure that all inmates, staff, witnesses, and reporters be monitored and protected against retaliation for a minimum of 90 days while maintained in the same institution. The PAQ indicated that the facility monitors for retaliation and that it does so for at least 90 days. The PAQ indicated that there had been no instances of retaliation in the previous twelve months. A review of SCDC Form 19-182 shows that the form has check boxes to indicate the required components are reviewed and monitored by the staff. A review of the one sexual abuse allegations indicated that it was closed unfounded and thus monitoring was not required. The interview with the staff member charged with monitoring for retaliation indicated that he monitors for retaliation for as long as it is necessary. He stated he does not have a timeframe and that it could go on for a year or two if necessary. He stated that he has a conversation with the inmate, he checks his bed assignments and disciplinary reports. He stated he checks to see if the inmate's behavior has changed or if anything is different that may indicate retaliation. The interview with the Warden confirmed that if retaliation did occur that if it were staff more than likely they would be terminated and if it were an inmate they would be disciplined.

**115.67 (d):** GA-06.11B, page 5 states that all Wardens will ensure that all inmates, staff, witnesses, and reporters be monitored and protected against retaliation for a minimum of 90 days while maintained in the same institution. monitoring was not required. The interview with the staff member charged with monitoring for retaliation indicated that he monitors for retaliation for as long as it is necessary. He stated he does not have a timeframe and that it could go on for a year or two if necessary. He stated that he has a conversation with the inmate, he checks his bed assignments and disciplinary reports. He stated he checks to see if the inmate's behavior has changed or if anything is different that may indicate retaliation.

**115.67 (e):** -06.11B, page 5 states that all Wardens will ensure that all inmates, staff, witnesses, and reporters be monitored and protected against retaliation for a minimum of 90 days while maintained in the same institution. There were no documented instances where retaliation. Interviews with the Agency Head Designee and Warden indicated that they would employ the same protective measures to include housing changes, facility transfers, inmate and/or staff discipline or staff termination.

**115.67 (f):** Auditor not required to audit this provision.

Based on a review of the PAQ, GA-06.11B, a review of investigative reports, SCDC Form 19-182 and interviews with the Agency Head Designee, Warden and staff charged with monitoring for retaliation, the facility appears to comply with this standard.

## **Recommendation**

While the facility complies with the standard based on policy, forms and the absence of any required monitoring, the interview with the monitoring staff indicated that the lack of required monitoring may require supplemental training on the process. The auditor recommends that staff review the requirements under this standard as well as the SCDC policy related to monitoring for retaliation to ensure that in any future instances that monitoring is completed correctly.

## Standard 115.68: Post-allegation protective custody

### 115.68 (a)

- Is any and all use of segregated housing to protect an inmate who is alleged to have suffered sexual abuse subject to the requirements of § 115.43?  Yes  No

### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

### Documents:

1. Pre-Audit Questionnaire
2. GA-06.11B
3. Investigative Reports
4. Housing Logs

### Interviews:

1. Interview with the Warden
2. Interview with Staff who Supervise Inmates in Segregated Housing

### Site Review Observations:

1. Observations of Inmates in the Segregation Unit

### Findings (By Provision):

**115.68 (a):** GA-06.11B, page 3, indicates that consistent with SCDC Policy OP-21.04, inmates at risk for possible abuse may be placed in isolation only as a last resort, when less restrictive measures of protection are not available and then only until an alternative means of keeping all inmates safe can be arranged. The PAQ indicated that no inmates who alleged sexual abuse were involuntarily segregated for zero to 24 hours or longer than 30 days. A review of the investigative report for the one allegation of sexual abuse indicated that the inmate was not placed in the RHU. Additionally, a review of the three sexual harassment allegations also indicated that none of the inmates were placed in the RHU. During the tour, it was observed that no inmate who reported sexual abuse were housed in the RHU. The Warden stated that the policy does not prohibit placement in restrictive housing, however they cannot keep an inmate in the RHU past a specific timeframe. He indicated that if an inmate is placed in the RHU they have to have justification. He stated they would place an inmate in the RHU as a last resort and that they try not to place any victims in RHU but rather house them elsewhere and place the perpetrator in RHU. The Warden also stated that if there was an actual sexual abuse issue or allegation that the inmate may be placed in RHU until they could be transferred. He stated this would typically (pre COVID-19) occur within a day or two. He stated that inmates at high risk would not be placed in RHU just because they

are high risk. The interview with the staff who supervise inmates in segregated housing confirmed that inmates placed in RHU for this purpose would not have access to programs and privileges but that the reason would be documented. The staff who supervise inmates in segregated housing also confirmed that inmates would only be placed involuntarily in the RHU until they could find an alternative means of separation from likely abusers. The staff stated this would typically not exceed 24 hours and that if it exceeded 30 days that the inmate would be reviewed for their need for continued placement in the RHU.

Based on a review of the PAQ, GA-06.11B, investigative reports, housing logs and interviews with the Warden and staff who supervise inmates in segregated housing indicate that the standard appears to be compliant.

## INVESTIGATIONS

### Standard 115.71: Criminal and administrative agency investigations

#### 115.71 (a)

- When the agency conducts its own investigations into allegations of sexual abuse and sexual harassment, does it do so promptly, thoroughly, and objectively? [N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. See 115.21(a).]  Yes  No  NA
- Does the agency conduct such investigations for all allegations, including third party and anonymous reports? [N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. See 115.21(a).]  Yes  No  NA

#### 115.71 (b)

- Where sexual abuse is alleged, does the agency use investigators who have received specialized training in sexual abuse investigations as required by 115.34?  Yes  No

#### 115.71 (c)

- Do investigators gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data?  Yes  No
- Do investigators interview alleged victims, suspected perpetrators, and witnesses?  
 Yes  No
- Do investigators review prior reports and complaints of sexual abuse involving the suspected perpetrator?  Yes  No

#### 115.71 (d)

- When the quality of evidence appears to support criminal prosecution, does the agency conduct compelled interviews only after consulting with prosecutors as to whether compelled interviews may be an obstacle for subsequent criminal prosecution?  Yes  No

#### 115.71 (e)

- Do agency investigators assess the credibility of an alleged victim, suspect, or witness on an individual basis and not on the basis of that individual's status as inmate or staff?  Yes  No
- Does the agency investigate allegations of sexual abuse without requiring an inmate who alleges sexual abuse to submit to a polygraph examination or other truth-telling device as a condition for proceeding?  Yes  No

#### 115.71 (f)

- Do administrative investigations include an effort to determine whether staff actions or failures to act contributed to the abuse?  Yes  No
- Are administrative investigations documented in written reports that include a description of the physical evidence and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings?  Yes  No

#### 115.71 (g)

- Are criminal investigations documented in a written report that contains a thorough description of the physical, testimonial, and documentary evidence and attaches copies of all documentary evidence where feasible?  Yes  No

#### 115.71 (h)

- Are all substantiated allegations of conduct that appears to be criminal referred for prosecution?  Yes  No

#### 115.71 (i)

- Does the agency retain all written reports referenced in 115.71(f) and (g) for as long as the alleged abuser is incarcerated or employed by the agency, plus five years?  Yes  No

#### 115.71 (j)

- Does the agency ensure that the departure of an alleged abuser or victim from the employment or control of the agency does not provide a basis for terminating an investigation?  Yes  No

#### 115.71 (k)

- Auditor is not required to audit this provision.

#### 115.71 (l)

- When an outside entity investigates sexual abuse, does the facility cooperate with outside investigators and endeavor to remain informed about the progress of the investigation? (N/A if an outside agency does not conduct administrative or criminal sexual abuse investigations. See 115.21(a).)  Yes  No  NA

### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

**Documents:**

1. Pre-Audit Questionnaire
2. POL-23.01
3. OP-21.12
4. Investigative Reports
5. Investigator Training Records

**Interviews:**

1. Interview with Investigative Staff
2. Interview with Inmates who Reported Sexual Abuse
3. Interview with the Warden
4. Interview with the PREA Coordinator
5. Interview with the PREA Compliance Manager

**Findings (By Provision):**

**115.71 (a):** OP-21.12, page 5, states that all allegations of sexual abuse and sexual harassment, including threats and attempts, will immediately and aggressively be investigated. Additionally, POL-23.01, page 4, states that Police Services will be responsible for assigning investigative personnel to all reported criminal acts which are believed to have been committed by SCDC inmates, employees or others when the crime relates to the agency. Page 7 further indicates that for administrative cases Police Services will be responsible for assigning personnel to investigate incidents of serious violations of agency policies and procedures, rules, or regulations. A review of nine investigative reports determined that five did not rise to the level of PREA per the definitions. Three were not PREA related, one was not repeated and one occurred at another facility and as such was not an LCI investigation. The remaining four included one sexual abuse allegation and three sexual harassment allegations. It should be noted that while five allegations did not rise to the level of PREA, an investigation was completed for all of them. Of the four remaining allegations, three were investigated at the facility level while one was investigated by Police Services. All the reports were thorough and objective. The facility reports were completed promptly, however the one Police Services investigation took over nine months to complete. The interviews with the investigators indicated that an investigation is initiated immediately after an allegation is received and reviewed by Police Services. The information would be referred to Police Services within a day. The interviews also confirmed that third party and anonymous allegations are handled the same as any other allegation.

**115.71 (b):** OP-21.12, page 3, states that specialized training may be provided for staff members who will be charged with specific aspects of the agency response to abuse allegations. Interviews with the investigators indicated that they both received the NIC Investigator Training. A review of training files indicated that all Police Services investigators had received the NIC training as well as two facility staff, to include the main facility investigator, the CM.

**115.71 (c):** POL-23.01, page 5, section 3.3 describes the crime scene and evidence protection process. Section 3.3.2 indicates that crime scene technicians will process the scene and if evidence is seized or discovered that it be collected using SCDC Form S-23, Evidence/Chain of Possession of Evidence. The section further describes the seizure of physical evidence to include clothing as well as electronic evidence. Section 5.3 and section 5.4 discuss the witness, suspect and employee interview process. A

review of investigations determined that the one sexual abuse allegation as well as the three sexual harassment investigations included an interview of the victim, an interview of the alleged perpetrator (if applicable) and interviews of available witnesses (if applicable). None of the allegations involved the collection of physical evidence. The interviews with the investigators indicated that all cases are different but an investigation would normally begin with an interview of the victim. Then witnesses would be interviewed and evidence would be collected, including any log books or video footage. The suspect would then be interviewed and any follow up interviews would take place. Medical and mental health would be consulted related to any injuries or evidence and an advocate would be provided, if wanted. A report would then be written and if criminal charges are warranted, it would be prepared for prosecution through the courts.

**115.71 (d):** A review of the one sexual abuse investigative report indicated that all interviews were voluntary and that no compelled interviews were conducted. The allegation was unfounded and as such was not referred for prosecution. The interviews with the investigators confirmed that Police Services agents are trained investigators and are not required to consult with prosecutors before conducting interviews. Investigators proceed and consult with prosecutors if needed but there is also an attorney on staff with Police Services to provide guidance.

**115.71 (e):** The interview with the investigators indicated that there are several ways to corroborate information; through an investigation, prior incidents, demeanor during interviews, information from other SCDC staff, etc. The investigators stated that credibility is based on evidence. They also indicated that they would not require an inmate to submit to a polygraph test as a condition to proceed with an investigation. Interviews with the two inmate who reported sexual harassment indicated that neither was required to take a polygraph or truth telling device test.

**115.71 (f):** There was one allegation of sexual abuse and three allegations of sexual harassment reported at the facility in the previous twelve months. Three of the allegations involved an administrative investigation. A review of the three sexual harassment investigations indicated that all were documented in a written report that included required elements under this provision. The investigator gathered evidence (testimony) and a description of the evidence was included in the reports. No reports included a credibility assessment; however they did include a review of prior complaints. The interviews with investigative staff indicated that all investigations are in written form and any and all information received is included in the report. Information includes statements, incident reports, a description of the evidence, facts and findings, the investigative outcome and any recommendations or sanctions/discipline.

**115.71 (g):** The agency is responsible for conducting criminal investigations. There was one allegation of sexual abuse that involved a criminal investigation. A review of the closed investigations confirmed that the all allegation was documented in a report that included all required elements under this provision. The investigator gathered evidence (testimonial) and a description of the evidence was included in the report. No reports included a credibility assessment; however the outcome of the evidence was based only on the facts and findings that were found in the report. The interviews with investigative staff indicated that all investigations are in written form and any and all information received is included in the report. All documents generated through the investigation are also included in the report.

**115.71 (h):** The PAQ indicated that substantiated allegations of conduct that appear to be criminal will be referred for prosecution. The PAQ indicated that there have been zero allegations referred for prosecution since the last PREA audit. A review of the one closed sexual abuse investigation indicated that it was unfounded and as such was not referred for prosecution. The interviews with the investigators indicated that investigations are referred for prosecution when the allegation is found to be criminal under South Carolina Code of Laws.

**115.71 (i):** The PAQ indicated that the agency retains all written reports pertaining to the administrative or criminal investigation of alleged sexual abuse or sexual harassment for as long as the alleged abuser is incarcerated or employed by the agency, plus five years. A review of eight sexual abuse and sexual harassment investigations from 2014 to present confirmed that all eight were properly retained by the agency.

**115.71 (j):** The interviews with the investigators confirmed that if a staff member or inmate perpetrator departs from SCDC prior to the completion of an investigation that the investigation continues. Their employment or incarceration has no bearing on the investigative process. A review of investigative reports indicated that all four had a completed investigation. One allegation involved the staff member resigning prior to the completion of the investigation, but a review confirmed that the investigation was still completed.

**115.71 (k):** The agency is responsible for conducting administrative and criminal investigations and as such this provision does not apply.

**115.71 (l):** The agency is responsible for conducting administrative and criminal investigations and as such this provision does not apply.

Based on a review of the PAQ, POL-23.01, OP-23.12, GA-06.11B, a review of investigative reports, investigator training records and information from interviews with the Agency Head Designee, Warden, PREA Coordinator, PREA Compliance Manager and investigative staff, this standard appears to be compliant.

## Standard 115.72: Evidentiary standard for administrative investigations

### 115.72 (a)

- Is it true that the agency does not impose a standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated?  Yes  No

### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

### Documents:

1. Pre-Audit Questionnaire
2. Investigative Reports

### Interviews:

1. Interview with Investigative Staff

### Findings (By Provision):

**115.72 (a):** The PAQ indicated that the agency poses a standard of a preponderance of evidence or lower standard of proof when determining whether allegations of sexual abuse or sexual harassment are substantiated. A review of the four closed sexual abuse and sexual harassment investigations, as well as the six investigations that did not rise to the level of PREA, confirmed that none were substantiated and that none had evidence that would require a substantiated finding. The interviews with investigative staff indicated the standard of evidence required to substantiate an allegation of sexual abuse and sexual harassment is a preponderance of evidence.

Based on a review of the PAQ, investigative reports and information from the interviews with investigative staff it is determined that this standard appears to be compliant.

## Standard 115.73: Reporting to inmates

### 115.73 (a)

- Following an investigation into an inmate's allegation that he or she suffered sexual abuse in an agency facility, does the agency inform the inmate as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded?  Yes  No

### 115.73 (b)

- If the agency did not conduct the investigation into an inmate's allegation of sexual abuse in an agency facility, does the agency request the relevant information from the investigative agency in order to inform the inmate? (N/A if the agency/facility is responsible for conducting administrative and criminal investigations.)  Yes  No  NA

### 115.73 (c)

- Following an inmate's allegation that a staff member has committed sexual abuse against the inmate, unless the agency has determined that the allegation is unfounded, or unless the inmate has been released from custody, does the agency subsequently inform the inmate whenever: The staff member is no longer posted within the inmate's unit?  Yes  No
- Following an inmate's allegation that a staff member has committed sexual abuse against the inmate, unless the agency has determined that the allegation is unfounded, or unless the inmate has been released from custody, does the agency subsequently inform the inmate whenever: The staff member is no longer employed at the facility?  Yes  No
- Following an inmate's allegation that a staff member has committed sexual abuse against the inmate, unless the agency has determined that the allegation is unfounded, or unless the inmate has been released from custody, does the agency subsequently inform the inmate whenever: The agency learns that the staff member has been indicted on a charge related to sexual abuse in the facility?  Yes  No
- Following an inmate's allegation that a staff member has committed sexual abuse against the inmate, unless the agency has determined that the allegation is unfounded, or unless the inmate has been released from custody, does the agency subsequently inform the inmate whenever: The agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility?  Yes  No

### 115.73 (d)

- Following an inmate's allegation that he or she has been sexually abused by another inmate, does the agency subsequently inform the alleged victim whenever: The agency learns that the alleged abuser has been indicted on a charge related to sexual abuse within the facility?  Yes  No
- Following an inmate's allegation that he or she has been sexually abused by another inmate, does the agency subsequently inform the alleged victim whenever: The agency learns that the

alleged abuser has been convicted on a charge related to sexual abuse within the facility?

Yes  No

### 115.73 (e)

- Does the agency document all such notifications or attempted notifications?  Yes  No

### 115.73 (f)

- Auditor is not required to audit this provision.

### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

### Documents:

1. Pre-Audit Questionnaire
2. GA-06.11B
3. South Carolina Department of Corrections (SCDC) Form 19-165
4. Memos Relating to Reporting to Inmates
5. Investigative Reports

### Interviews:

1. Interview with the Warden
2. Interview with Investigative Staff
3. Interview with Inmates who Reported Sexual Abuse

### Findings (By Provision):

**115.73 (a):** GA-06.11B, page 5 states that following a report of sexual abuse/sexual harassment, the alleged victim is notified of the outcome of the investigation. SCDC Form 19-165 is utilized to inform inmates of investigative outcomes. The top of the form states that inmates are notified within ten day of the conclusion of the investigation and the form is maintained in the victim's file. A review of the form indicated a specific section that outlines the date the investigation was concluded as well as check boxes for the appropriate investigative outcome. The inmate is required to sign the bottom indicating that they received and understood the information. The PAQ indicated that there was one sexual abuse investigation completed within the previous twelve months and one notification was provided. A review of investigations confirmed there was one sexual abuse investigation completed within the previous twelve months and it include a notification to the inmate on the outcome of the investigation. It should be noted that the LCI exceeds this standard by providing notifications for sexual harassment allegations. Of the three sexual harassment allegations all were documented with a notification to the inmate victim of the outcome of the investigation. The interviews with the Warden and the investigative staff confirmed that inmates are notified of the outcome of the investigation. The Warden stated that inmates are notified of the outcome in writing. The interviews with inmates who reported sexual harassment indicated that one was informed of the outcome of the investigation while the other was not. Both of the inmates had reported sexual harassment allegations though and as such would not fall under this standard requirement.

**115.73 (b):** The agency is responsible for conducting administrative and criminal investigations. As such, this provision does not apply.

**115.73 (c):** GA-06.11B, page 5 states that when the alleged perpetrator is a staff member, the CM will ensure the alleged victim is notified of the progress of the investigation as specified in PREA Standard 115.73. The PAQ indicated that following an investigation into an inmate's sexual abuse allegation against a staff member, the agency will inform the inmate as to whether the staff member is no longer posted within the inmates unit, the staff member is no longer employed at the facility, if the agency learns that the staff member has been indicted on a charge related to sexual abuse within the facility or the agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility. The PAQ indicated that there have not been any substantiated or unsubstantiated allegations of sexual abuse committed by a staff member against an inmate in the previous twelve months. The PAQ indicated that there have not been any substantiated or unsubstantiated allegations of sexual abuse committed by a staff member against an inmate in the previous twelve months. A review of investigative reports confirmed that there have been zero substantiated sexual abuse allegations against staff in the previous twelve months. A review of the one sexual abuse and three sexual harassment investigations indicated only one was staff on inmate. The allegation was unfounded and as such notifications were not required under this provision. The interviews with the inmates who reported sexual harassment indicated that neither were informed of any of the requirements under this provision. However, both involved other inmates and both allegations were sexual harassment and as such would not fall under this provision.

**115.73 (d):** The PAQ indicated that following an investigation into an inmate's sexual abuse allegation by another inmate, the agency will inform the inmate as to whether the alleged abuser has been indicted on a charge related to sexual abuse within the facility or if the alleged abuser has been convicted on a charge related to sexual abuse within the facility. A review of investigative reports confirmed that there have not been any substantiated allegations of inmate on inmate sexual abuse in the previous twelve months. The interviews with the inmates who reported sexual harassment indicated that none were informed of any of the requirements under this provision. However, both were sexual harassment allegations and as such would not fall under this provision.

**115.73 (e):** GA-06.11B, page 5 states that following a report of sexual abuse/sexual harassment, the alleged victim is notified of the outcome of the investigation. SCDC Form 19-165 is utilized to make all required notifications under this standard. The PAQ indicated that there were zero notifications made during the audit period. However, after a review there was actually one notification under provision (c) of this standard. A review of investigations confirmed there was one sexual abuse investigation completed within the previous twelve months and it included a written notification to the inmate victim. It should be noted that the LCI exceeds this standard by providing notifications for sexual harassment allegations. A review of the three sexual harassment allegations indicated that all three were documented with a notification to the inmate victim of the outcome of the investigation.

**115.73 (f):** This provision is not required to be audited.

Based on a review of the PAQ, GA-06.11B, SCDC Form 19-165, investigative reports and information from interviews with the Warden, investigative staff and inmates who reported sexual abuse, the facility exceeds this standard. The standard requires that inmates be notified regarding the outcome of their sexual abuse allegation. The one sexual abuse allegations involved the appropriate notification. The facility exceeds this standard due to their notifications for sexual harassment allegations. All three sexual harassment allegations were documented with an inmate investigative outcome notification.

## DISCIPLINE

### Standard 115.76: Disciplinary sanctions for staff

#### 115.76 (a)

- Are staff subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies?  Yes  No

#### 115.76 (b)

- Is termination the presumptive disciplinary sanction for staff who have engaged in sexual abuse?  Yes  No

#### 115.76 (c)

- Are disciplinary sanctions for violations of agency policies relating to sexual abuse or sexual harassment (other than actually engaging in sexual abuse) commensurate with the nature and circumstances of the acts committed, the staff member's disciplinary history, and the sanctions imposed for comparable offenses by other staff with similar histories?  Yes  No

#### 115.76 (d)

- Are all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, reported to: Law enforcement agencies (unless the activity was clearly not criminal)?  Yes  No
- Are all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, reported to: Relevant licensing bodies?  Yes  No

#### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

#### Documents:

1. Pre-Audit Questionnaire
2. OP-21.12
3. GA.06.11B
4. Memo Related to Disciplinary Sanctions for Staff
5. Investigative Reports

#### Findings (By Provision):

**115.76 (a):** OP-21.12, page 5, states that if allegations of conduct that appear to be criminal are substantiated, referral will be made to the appropriate solicitor for prosecution. Additionally, staff will be subject to agency corrective action up to and including termination.

**115.76 (b):** GA-06.11B, page 5, states that the presumptive disciplinary sanction for staff who have engaged in sexual relations with an inmate is termination. The PAQ indicated that there were not any staff members who violated the sexual abuse and sexual harassment policies within the previous twelve months. A review of investigative reports indicated that there have been no substantiated allegations of sexual abuse or sexual harassment committed by a staff member in the previous twelve months.

**115.76 (c):** The PAQ indicated that disciplinary sanctions for violations of policies related to sexual abuse or sexual harassment (other than actually engaging in sexual abuse) are commensurate with the nature and circumstances of the acts committed, the staff member's disciplinary history, and the sanctions imposed for comparable offenses by staff with similar histories. The PAQ also indicated that there have been no staff members that were disciplined, short of termination, for violating the sexual abuse and sexual harassment policies within the previous twelve months. A review of investigative reports indicated that there have been no substantiated allegations of sexual abuse or sexual harassment committed by a staff member in the previous twelve months.

**115.76 (d):** GA-06.11B, page 5, states that any employee, contractor, volunteer, intern or visitor investigated and substantiated for sexual abuse/sexual harassment of an inmate will be reported to the appropriate licensing authority. The PAQ indicated that there have been zero staff members that were reported to law enforcement or licensing agencies for violating the sexual abuse and sexual harassment policies within the previous twelve months. A review of investigative reports indicated that there have been no substantiated allegations of sexual abuse or sexual harassment committed by a staff member in the previous twelve months.

Based on a review of the PAQ, OP-21.12, GA-06.11B and a review of investigative reports, this standard appears to be compliant.

## Standard 115.77: Corrective action for contractors and volunteers

### 115.77 (a)

- Is any contractor or volunteer who engages in sexual abuse prohibited from contact with inmates?  Yes  No
- Is any contractor or volunteer who engages in sexual abuse reported to: Law enforcement agencies (unless the activity was clearly not criminal)?  Yes  No
- Is any contractor or volunteer who engages in sexual abuse reported to: Relevant licensing bodies?  Yes  No

### 115.77 (b)

- In the case of any other violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer, does the facility take appropriate remedial measures, and consider whether to prohibit further contact with inmates?  Yes  No

### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

**Does Not Meet Standard** (*Requires Corrective Action*)

**Documents:**

1. Pre-Audit Questionnaire
2. OP-21.12
3. Memo Related to Corrective Action for Contractors and Volunteers
4. Investigative Reports

**Interviews:**

1. Interview with the Warden

**Findings (By Provision):**

**115.77 (a):** OP-21.12, page 5, states that all allegations of sexual abuse and sexual harassment, including threats and attempts, will immediately and aggressively investigated. The Division of Investigations shall initiate the investigation, will notify SLED and the Inspector General's office when sexual misconduct by staff, contractors or volunteers is alleged, and will conduct an internal investigation in accordance with SCDC policy GA-05.01. The PAQ indicated that the agency requires any contractor or volunteer who engages in sexual abuse be reported to local law enforcement agencies and relevant licensing bodies. The PAQ indicated that within the previous twelve months there have been no contractors or volunteers who have been reported to law enforcement or relevant licensing bodies and in fact there have been no contractors or volunteers as subjects of investigations of sexual abuse or sexual harassment of inmates. A review of investigative reports confirmed that there have not been any substantiated allegations of sexual abuse or sexual harassment against contractors or volunteers during the audit period.

**115.77 (b):** The PAQ indicated that the agency takes remedial measures and considers whether to prohibit further contact with inmates in the case of any other violation of sexual abuse or sexual harassment policies. The interview with the Warden indicated that any violation of the sexual abuse and sexual harassment policies would result in the volunteer or contractor being banned from the institution and any other SCDC institution. He also indicated that Police Services would get involved to determine if it was criminal and if an arrest should be made.

Based on a review of the PAQ, OP-21.12, a review of investigative reports and information from the interview with the Warden, this standard appears to be compliant.

**Standard 115.78: Disciplinary sanctions for inmates**

**115.78 (a)**

- Following an administrative finding that an inmate engaged in inmate-on-inmate sexual abuse, or following a criminal finding of guilt for inmate-on-inmate sexual abuse, are inmates subject to disciplinary sanctions pursuant to a formal disciplinary process?  Yes  No

**115.78 (b)**

- Are sanctions commensurate with the nature and circumstances of the abuse committed, the inmate's disciplinary history, and the sanctions imposed for comparable offenses by other inmates with similar histories?  Yes  No

**115.78 (c)**

- When determining what types of sanction, if any, should be imposed, does the disciplinary process consider whether an inmate's mental disabilities or mental illness contributed to his or her behavior?  Yes  No

#### 115.78 (d)

- If the facility offers therapy, counseling, or other interventions designed to address and correct underlying reasons or motivations for the abuse, does the facility consider whether to require the offending inmate to participate in such interventions as a condition of access to programming and other benefits?  Yes  No

#### 115.78 (e)

- Does the agency discipline an inmate for sexual contact with staff only upon a finding that the staff member did not consent to such contact?  Yes  No

#### 115.78 (f)

- For the purpose of disciplinary action does a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred NOT constitute falsely reporting an incident or lying, even if an investigation does not establish evidence sufficient to substantiate the allegation?  Yes  No

#### 115.78 (g)

- If the agency prohibits all sexual activity between inmates, does the agency always refrain from considering non-coercive sexual activity between inmates to be sexual abuse? (N/A if the agency does not prohibit all sexual activity between inmates.)  Yes  No  NA

#### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

#### Documents:

1. Pre-Audit Questionnaire
2. OP-22.14
3. GA-06.11B
4. Memo Related to Disciplinary Sanction for Inmates
5. Investigative Reports

#### Interviews:

1. Interview with the Warden
2. Interview with Medical and Mental Health Staff

#### Findings (By Provision):

**115.78 (a):** OP-22.14, page 32, indicates that engaging in consensual or non-consensual sexual acts or intimate physical contact of a sexual nature with other inmates; or soliciting sexual acts from other inmates, or engaging in any form of sexual harassment will be forwarded for a Disciplinary Hearing. The PAQ indicated that there have been no administrative or criminal investigative findings of guilt for inmate-on-inmate sexual abuse within the previous twelve months. A review of the investigative reports confirmed that there were no allegations of inmate-on-inmate sexual abuse in the previous twelve months.

**115.78 (b):** OP-22.14, page 32, indicates that engaging in consensual or non-consensual sexual acts or intimate physical contact of a sexual nature with other inmates; or soliciting sexual acts from other inmates, or engaging in any form of sexual harassment will be forwarded for a Disciplinary Hearing. The interview with the Warden indicated that the inmate would be charged with sexual assault and would go through the disciplinary process. He stated they could receive time in the RHU, could lose privileges such as canteen, telephone or television and/or could be transferred to the super maximum facility. Additionally, the Warden stated that there are guidelines for the disciplinary process and that there are standards they use for each charge to ensure it is commensurate. A review of investigative reports confirmed that there were zero inmate on inmate sexual abuse allegations reported in the previous twelve months.

**115.78 (c):** The interview with the Warden indicated that the inmate's mental health would be reviewed to determine if he had any illnesses or disabilities that contributed to his actions. The Warden stated that if the inmate is a mental health patient that there would be a member of mental health that reviews the case as part of the disciplinary process. A review of investigative reports confirmed that there were zero inmate on inmate sexual abuse allegations reported in the previous twelve months.

**115.78 (d):** The PAQ indicated that the facility offers therapy, counseling, or other interventions designed to address and correct the underlying reasons or motivations for abuse. Additionally, the PAQ indicated that it considers whether to require the offending inmate to participate in such interventions as a condition of access to programming or other benefits. Interviews with mental health staff indicated that they do offer therapy, counseling and other services designed to address and correct underlying issues, however, it is voluntary and that inmates have the right to refuse.

**115.78 (e):** OP-22.14, page 32 states that inmates that engage in any non-consensual sex act with an employee, visitor, vendor, or volunteer, to include intimate physical contact or solicitation of sexual acts will be forwarded for a Disciplinary Hearing. The PAQ indicated that the agency disciplines inmates for sexual contact with staff only upon finding that the staff member did not consent to such contact. A review of investigative reports indicated no inmates were disciplined.

**115.78 (f):** GA-06.11B, page 5, states that inmates who willingly submit a false report will be subject to disciplinary sanctions. The PAQ indicated that inmates will not be disciplined for falsely reporting an incident or lying if the sexual abuse allegation is made in good faith based upon reasonable belief that the alleged conduct occurred. There have been no instances where inmates have been disciplined for falsely reporting an incident of sexual abuse or sexual harassment.

**115.78 (g):** OP-22.14, page 32, indicates that engaging in consensual or non-consensual sexual acts or intimate physical contact of a sexual nature with other inmates; or soliciting sexual acts from other inmates, or engaging in any form of sexual harassment will be forwarded for a Disciplinary Hearing. The PAQ indicated that the agency prohibits all sexual activity between inmates and that it only deems such activity to constitute sexual abuse if it is determined that the activity was coerced.

Based on a review of the PAQ, OP-22.14, GA-06.11B and information from interviews with the Warden and medical and mental health care staff, this standard appears to be compliant.

## Standard 115.81: Medical and mental health screenings; history of sexual abuse

### 115.81 (a)

- If the screening pursuant to § 115.41 indicates that a prison inmate has experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, do staff ensure that the inmate is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening? (N/A if the facility is not a prison.)  
 Yes  No  NA

### 115.81 (b)

- If the screening pursuant to § 115.41 indicates that a prison inmate has previously perpetrated sexual abuse, whether it occurred in an institutional setting or in the community, do staff ensure that the inmate is offered a follow-up meeting with a mental health practitioner within 14 days of the intake screening? (N/A if the facility is not a prison.)  Yes  No  NA

### 115.81 (c)

- If the screening pursuant to § 115.41 indicates that a jail inmate has experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, do staff ensure that the inmate is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening?  Yes  No

### 115.81 (d)

- Is any information related to sexual victimization or abusiveness that occurred in an institutional setting strictly limited to medical and mental health practitioners and other staff as necessary to inform treatment plans and security management decisions, including housing, bed, work, education, and program assignments, or as otherwise required by Federal, State, or local law?  
 Yes  No

### 115.81 (e)

- Do medical and mental health practitioners obtain informed consent from inmates before reporting information about prior sexual victimization that did not occur in an institutional setting, unless the inmate is under the age of 18?  Yes  No

### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

### Documents:

1. Pre-Audit Questionnaire

2. OP-21.04
3. Mental Health Documents

**Interviews:**

1. Interview with Staff Responsible for Risk Screening
2. Interview with Inmate who Disclose Victimization at Risk Screening
3. Interview with Medical and Mental Health Staff

**Site Review Observations:**

1. Observations of Risk Screening Area

**Findings (By Provision):**

**115.81 (a):** OP-21.04, page 7, describes medical and mental health screenings related to sexual abuse. Specifically, it states that inmates who have experienced prior sexual victimization or perpetrated sexual abuse on others whether it occurred in an institutional setting or in the community will be offered a follow-up meeting with a qualified medical/mental health staff within fourteen calendar days of the initial screening. The PAQ indicated that inmates who disclosed prior sexual victimization are offered a follow-up with medical or mental health within fourteen days. The PAQ indicated that 100% of those inmates who reported prior victimization were seen within fourteen days by medical or mental health. The PAQ also indicated that medical and mental health maintain documents related to compliance with these services. The facility does not have a tracking mechanism to identify inmates that have reported prior victimization. The facility utilizes a vulnerable list however, which includes inmates who have reported prior victimization, inmates with a disability, inmates who identify as LGBTI, etc. From the list, the auditor confirmed at least six had reported prior victimization. The facility was unable to provide the auditor with documentation illustrating that the six inmates were seen by or refused a follow up with mental health within the required fourteen-day timeframe. Interviews with staff responsible for the risk screening indicated that if an inmate reports prior victimization or abusiveness that they would be referred to mental health. One staff member stated they would be seen within 72 hours while the other indicated they would be seen immediately that day. Interviews with the four inmates identified as disclosing prior victimization indicated that none of the inmates were offered a follow up with mental health or had seen mental health after disclosing the prior victimization.

**115.81 (b):** OP-21.04, page 7, describes medical and mental health screenings related to sexual abuse. Specifically, it states that inmates who have experienced prior sexual victimization or perpetrated sexual abuse on others whether it occurred in an institutional setting or in the community will be offered a follow-up meeting with a qualified medical/mental health staff within fourteen calendar days of the initial screening. The PAQ indicated that 100% of those inmates who reported previously perpetrating sexual abuse, were seen within fourteen days by medical or mental health. The facility did not have a method to track those that reported prior perpetration of sexual abuse. Due to the limited tracking information the audit was unable to fully determine if these referrals are taking place. Additionally, the process for inmates in provision (a) is not adequate and as such the auditor can infer that inmates under this provision are not provided referrals as well. Interviews with staff responsible for the risk screening indicated that if an inmate reports prior victimization or abusiveness that they would be referred to mental health. One staff member stated they would be seen within 72 hours while the other indicated they would be seen immediately that day.

**115.81 (c):** This provision does not apply as the facility is not a jail but rather a state prison.

**115.81 (d):** The PAQ indicated that information related to sexual victimization or abusiveness that occurred in an institutional setting is not limited to medical and mental health staff. The PAQ did indicate though that the information is only shared with other staff as necessary, to inform treatment plans and security and management decision. During the tour, the auditor observed the areas where the risk screening is conducted. The screening is conducted in private office setting to allow for confidentiality. Additionally, medical records and classification records are located behind locked doors.

**15.81 (e):** The PAQ indicated that medical and mental health staff are required to obtain informed consent from inmates prior to reporting information about prior sexual victimization that did not occur within an institutional setting, unless the inmate was under 18. Interviews with medical and mental health staff indicate that they obtain informed consent prior to reporting victimization that did not occur in an institutional setting and that they disclose their duty to report and limitations to confidentiality.

Based on a review of the PAQ, OP-21.14, medical and mental health documents, observations made during the tour and information from interviews with staff who perform the risk screening, medical and mental health care staff and inmates who disclosed prior victimization during the risk screening, this standard appears to require corrective action. While the staff indicated that inmates are seen by mental health in the appropriate timeframes under this provision, the lack of a tracking mechanism as well as a lack of available documentation does not provide the auditor with enough information to determine compliance. The auditor identified six inmates who reported prior victimization and no follow up medical or mental health documents were able to be produced. Additionally, the facility was unable to provide the auditor with a list of any inmates who disclosed prior perpetration nor any medical or mental health documents of their follow ups. Additionally, interviews with inmates who disclosed prior victimization confirm what the documentation, or lack of documentation, has illustrated, that they were not seen or offered mental health follow ups. Thus, based on documentation and lack of documentation as well as and interviews provisions (a), (b) and (c) of this standard requires corrective action.

### **Corrective Action**

The auditor suggests that the facility develop a tracking mechanism for inmates who disclose prior victimization and prior perpetration during the risk screening. This tracking mechanism can then be utilized to ensure inmates are offered a follow up with mental health within the required fourteen days. The auditor suggests that risk screening staff as well as mental health staff be trained on the process and their responsibilities under this standard. Once a process is established and training is conducted, the auditor requests that a memo is provided explaining the process as well as training documents illustrating the appropriate staff received and understood their responsibilities of the process. The facility will need to ensure all current inmates who disclosed prior victimization have been offered a follow up with mental health. The auditor will need to see mental health documents for the six inmates identified on-site that reported prior victimization. The auditor understands that LCI is not an intake institution and as such may not have as many inmates disclose prior victimization. As such the auditor request that the facility provide the auditor with a list of inmates who disclosed prior victimization or perpetration at the four-month mark of the corrective action period. At that time the auditor will identify inmate records to review to ensure compliance.

### **Verification of Corrective Action since the Interim Audit Report**

The auditor gathered and analyzed the following additional evidence provided by the facility during the corrective action period relevant to the requirements in this standard.

#### **Additional Documents:**

1. Memorandum from the Compliance Manager
2. List of Inmates who Reported Victimization During the Risk Screening
3. Mental Health Documents

After the issuance of the Interim Audit Report, the auditor and the facility discussed the corrective action related to this standard. The facility provided the auditor with a memo on June 10, 2021 indicating that inmates will be referred to mental health for follow-up if applicable and mental health would has developed a template that designates PREA related issues and five day follow-up reminders. While the memo provided information and was signed by the mental health supervisor, medical supervisor, case management supervisor and CM, it did not identify the process of how the staff would ensure these would be completed. Additionally, the facility provided the auditor with a list of eight inmates who reported prior victimization during the risk screenings conducted in April and May. The facility provided the corresponding mental health documentation, however the initial risk screening where the victimization

was indicated was not provided, therefore the auditor was unable to determine if the inmate was provided services within fourteen days. The facility also did not provide the auditor with the initial requested documents for the six inmates identified during ton on-site portion of the audit. While documentation was provided, there was not enough to confirm whether this standard has been corrected. As such, this standard requires further corrective action.

## Standard 115.82: Access to emergency medical and mental health services

### 115.82 (a)

- Do inmate victims of sexual abuse receive timely, unimpeded access to emergency medical treatment and crisis intervention services, the nature and scope of which are determined by medical and mental health practitioners according to their professional judgment?  
 Yes  No

### 115.82 (b)

- If no qualified medical or mental health practitioners are on duty at the time a report of recent sexual abuse is made, do security staff first responders take preliminary steps to protect the victim pursuant to § 115.62?  Yes  No
- Do security staff first responders immediately notify the appropriate medical and mental health practitioners?  Yes  No

### 115.82 (c)

- Are inmate victims of sexual abuse offered timely information about and timely access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate?  Yes  No

### 115.82 (d)

- Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident?  
 Yes  No

### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

### Documents:

1. Pre-Audit Questionnaire
2. OP-21.12
3. GA-06.11B
4. Medical and Mental Health Documents

**Interviews:**

1. Interview with Medical and Mental Health Staff
2. Interview with Inmates who Reported Sexual Abuse
3. Interview with Security Staff and Non-Security Staff First Responders

**Site Review Observations:**

1. Observations of Medical and Mental Health Areas

**Findings (By Provision):**

**115.82 (a):** OP-21.12, page 6, states that all alleged inmate victims will be taken to the Medical Services Area for an initial medical assessment. Additionally, an individual treatment plan shall be developed and initiated for each victim and the plan shall include, at a minimum, mental health counseling and medical follow up. The PAQ indicated that inmates receive timely unimpeded access to emergency medical treatment and crisis interventions and that the nature and scope are determined by medical and mental health staff based on their professional judgement. The PAQ also indicated that medical and mental health maintain secondary materials documenting the timeliness of services. A review of medical and mental health records for the one inmate who reported sexual abuse indicated he refused medical and mental health services and denied the incident took place. During the tour the auditor observed that medical encompasses an emergency room and numerous exam rooms. All rooms have a solid door with a small security window that affords appropriate privacy. Dental and mental health are also found in the same area. All rooms have solid doors with security windows. Medical records are located behind a secure locked door with a records staff member. Interviews with medical and mental health care staff confirm that inmates receive timely services, typically immediately. They also advised that services are based on their professional judgement and current policy and procedure. Interviews with inmates who reported sexual harassment indicated they saw mental health the following day.

**115.82 (b):** OP-21.12, page 6, indicates that if medical personnel determine that a sexual assault may have occurred, the inmate will be taken to an outside medical facility. The outside medical facility will perform a medical forensic exam, as appropriate. A review of medical and mental health records for the one inmate who reported sexual abuse indicated he refused medical and mental health services and denied the incident took place. The interviews with first responders indicated inmates would be separated and the victim would be instructed not to take any action to destroy any evidence. They indicated a supervisor would be notified and they would secure the crime scene.

**115.82 (c):** OP-21.12, page 6, states that all alleged inmate victims will be taken to the Medical Services Area for an initial medical assessment. Additionally, an individual treatment plan shall be developed and initiated for each victim and the plan shall include, at a minimum, mental health counseling and medical follow up, including baseline testing for infectious diseases, etc. The PAQ indicated that inmate victims are offered timely information and timely access to emergency contraception and sexually transmitted infection prophylaxis. A review of medical and mental health records for the one inmate who reported sexual abuse indicated he refused medical and mental health services and denied the incident took place. It should be noted the allegation did not involve penetration. Interviews with the two inmates who reported sexual harassment indicated that both were harassment and neither involved penetration and as such they were not offered prophylaxis.

**115.82 (d):** GA-06.11B, page 6 states that all inmates who are victims of sexual abuse will have unimpeded access to emergency medical treatment, crisis intervention services, emergency contraception and sexually transmitted infection prophylaxis without financial cost to the inmate.

Based on a review of the PAQ, OP-21.12, GA-06.11B, medical and mental health documents, and information from interviews with medical and mental health care staff and inmates who reported sexual abuse, this standard appears to be compliant.

## Standard 115.83: Ongoing medical and mental health care for sexual abuse victims and abusers

### 115.83 (a)

- Does the facility offer medical and mental health evaluation and, as appropriate, treatment to all inmates who have been victimized by sexual abuse in any prison, jail, lockup, or juvenile facility?  Yes  No

### 115.83 (b)

- Does the evaluation and treatment of such victims include, as appropriate, follow-up services, treatment plans, and, when necessary, referrals for continued care following their transfer to, or placement in, other facilities, or their release from custody?  Yes  No

### 115.83 (c)

- Does the facility provide such victims with medical and mental health services consistent with the community level of care?  Yes  No

### 115.83 (d)

- Are inmate victims of sexually abusive vaginal penetration while incarcerated offered pregnancy tests? (N/A if “all-male” facility. *Note: in “all-male” facilities, there may be inmates who identify as transgender men who may have female genitalia. Auditors should be sure to know whether such individuals may be in the population and whether this provision may apply in specific circumstances.*)  Yes  No  NA

### 115.83 (e)

- If pregnancy results from the conduct described in paragraph § 115.83(d), do such victims receive timely and comprehensive information about and timely access to all lawful pregnancy-related medical services? (N/A if “all-male” facility. *Note: in “all-male” facilities, there may be inmates who identify as transgender men who may have female genitalia. Auditors should be sure to know whether such individuals may be in the population and whether this provision may apply in specific circumstances.*)  Yes  No  NA

### 115.83 (f)

- Are inmate victims of sexual abuse while incarcerated offered tests for sexually transmitted infections as medically appropriate?  Yes  No

### 115.83 (g)

- Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident?  Yes  No

### 115.83 (h)

- If the facility is a prison, does it attempt to conduct a mental health evaluation of all known inmate-on-inmate abusers within 60 days of learning of such abuse history and offer treatment

when deemed appropriate by mental health practitioners? (NA if the facility is a jail.)

Yes  No  NA

### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

### Documents:

1. Pre-Audit Questionnaire
2. OP-21.12
3. GA-06.11B
4. Medical and Mental Health Documents

### Interviews:

1. Interview with Medical and Mental Health Staff
2. Interview with Inmates who Reported Sexual Abuse
3. Interview with Security Staff and Non-Security Staff First Responders

### Site Review Observations:

1. Observations of Medical Treatment Areas

### Findings (By Provision):

**115.83 (a):** OP-21.12, page 6, states that an individual treatment plan shall be developed and initiated for each victim of sexual abuse to address post-traumatic stress resulting from the sexual abuse. The treatment plan shall include, at a minimum, mental health counseling, medical follow up etc. The PAQ indicated that the agency offers medical and mental health evaluations and, as appropriate, treatment to all inmates who have been victimized by sexual abuse in any prison, jail, lockup or juvenile facility. During the tour the auditor observed that medical encompasses an emergency room and numerous exam rooms. All rooms have a solid door with a small security window that affords appropriate privacy. Dental and mental health are also found in the same area. All rooms have solid doors with security windows. Medical records are located behind a secure locked door with a records staff member. A review of medical and mental health records for the one inmate who reported sexual abuse indicated he refused medical and mental health services and denied the incident took place. The auditor confirmed at least six had reported prior victimization. The facility was unable to provide the auditor with documentation illustrating that the six inmates were seen by or refused a follow up with mental health within the required fourteen-day timeframe.

**115.83 (b):** OP-21.12, page 6, states that an individual treatment plan shall be developed and initiated for each victim of sexual abuse to address post-traumatic stress resulting from the sexual abuse. The treatment plan shall include, at a minimum, mental health counseling, medical follow up etc. During the tour the auditor observed that medical encompasses an emergency room and numerous exam rooms. All rooms have a solid door with a small security window that affords appropriate privacy. Dental and mental health are also found in the same area. All rooms have solid doors with security windows. Medical records are located behind a secure locked door with a records staff member. A review of medical and mental health records for the one inmate who reported sexual abuse indicated he refused medical and mental health services and denied the incident took place. The auditor confirmed at least six had reported prior victimization. The facility was unable to provide the auditor with documentation illustrating that the six inmates were seen by or refused a follow up with mental health within the required fourteen-day

timeframe. Interviews with medical and mental health care staff confirmed that they provide follow up services as deemed necessary. Medical staff advised they do an exam and then send the inmate for a forensic exam if necessary. Mental health staff stated that they would provide support services at their comfort level and provide them any follow up services if needed. Interviews with inmates who reported sexual harassment indicated that one was offered follow up services but still had not seen them for the follow up. The other inmate indicated he was referred to a crisis stabilization unit for advanced mental health issues.

**115.83 (c):** All medical and mental health staff are required to have the appropriate credentials and licensures. The facility utilizes a local hospital for forensic medical examinations. A review of medical and mental health documentation from the one sexual abuse allegations and the three sexual harassment allegations confirmed that inmates are provided timely access to medical and mental health services and services are consistent to a local hospital or doctor's office. Interviews with medical and mental health care staff confirm that the services they provide are consistent with the community level of care.

**115.83 (d):** This provision does not apply as the facility does not house female inmates.

**115.83 (e):** This provision does not apply as the facility does not house female inmates.

**115.83 (f):** OP-21.12, page 6, states that an individual treatment plan shall be developed and initiated for each victim of sexual abuse to address post-traumatic stress resulting from the sexual abuse. The treatment plan shall include, at a minimum, mental health counseling, medical follow up (i.e. baseline testing for infectious diseases, etc.). A review of medical and mental health records for the one inmate who reported sexual abuse indicated he refused medical and mental health services and denied the incident took place. It should be noted the allegation did not involve penetration. Interviews with the two inmates who reported sexual harassment indicated that both were harassment and neither involved penetration and as such they were not offered sexually transmitted disease (STD) testing.

**115.83 (g):** GA-06.11B, page 6 states that all inmates who are victims of sexual abuse will have unimpeded access to emergency medical treatment, crisis intervention services, emergency contraception and sexually transmitted infection prophylaxis without financial cost to the inmate. Interviews with inmates who reported sexual harassment indicated that that neither inmate was sure if they were charged for services, but they didn't think they were.

**115.83 (h):** The PAQ indicates that the facility attempts to conduct a mental health evaluation of all known inmate on inmate abusers within 60 days of learning of such abuse history, and offers treatment when deemed appropriate by mental health. There were zero inmate-on-inmate sexual abuse allegation within the previous twelve months. Therefore, due to no substantiated allegations the facility determined there were no "known" abusers. Interviews with mental health staff confirm that known inmate-on-inmate abusers would be offered mental health services.

Based on a review of the PAQ, OP-21.12, GA-06.11B, medical and mental health documents, and information from interviews with medical and mental health care staff and inmates who reported sexual abuse, this standard appears to require corrective action. While inmates do receive medical and mental health services at LCI, provision (a) and subsequently provision (b) requires corrective action. The standard requires that all inmates who are victimized by sexual abuse in any prison, jail, lockup or juvenile facility be provided medical and mental health services. Based on the lack of documentation from standard 115.81, the auditor is unable to determine if all inmates who report or disclose prior victimization are provided medical and mental health services. Additionally, the one inmate who reported sexual abuse denied medical and mental health services and as such no other examples are available for the auditor to utilize in the compliance determination.

### **Corrective Action**

The auditor suggests that the facility develop a tracking mechanism for inmates who disclose prior victimization. This tracking mechanism can then be utilized to ensure inmates are offered medical and

mental health services. The auditor requests the facility send a list of all their sexual abuse allegations during the corrective action period along with the corresponding medical and mental health documentation. Additionally, the auditor request that the facility provide the auditor with a list of inmates who disclosed prior victimization at the four-month mark of the corrective action period. At that time the auditor will identify inmate records to review for appropriate medical and mental health follow up services.

### **Verification of Corrective Action since the Interim Audit Report**

The auditor gathered and analyzed the following additional evidence provided by the facility during the corrective action period relevant to the requirements in this standard.

#### **Additional Documents:**

1. List of Inmates who Reported Victimization During the Risk Screening
2. Mental Health Documents

After the issuance of the Interim Audit Report, the auditor and the facility discussed the corrective action related to this standard. The facility provided the auditor with a list of eight inmates who reported prior victimization during the risk screenings conducted in April and May. The facility provided the corresponding mental health documentation indicating all were provided follow-up mental health services. The facility also provided investigative reports which indicated that inmates were offered medical and mental health services after their reported sexual abuse or sexual harassment. Based on the documentation provided this standard appears to be corrected and as such compliant.

## **DATA COLLECTION AND REVIEW**

### **Standard 115.86: Sexual abuse incident reviews**

#### **115.86 (a)**

- Does the facility conduct a sexual abuse incident review at the conclusion of every sexual abuse investigation, including where the allegation has not been substantiated, unless the allegation has been determined to be unfounded?  Yes  No

#### **115.86 (b)**

- Does such review ordinarily occur within 30 days of the conclusion of the investigation?  Yes  No

#### **115.86 (c)**

- Does the review team include upper-level management officials, with input from line supervisors, investigators, and medical or mental health practitioners?  Yes  No

#### **115.86 (d)**

- Does the review team: Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse?  Yes  No
- Does the review team: Consider whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; gang affiliation; or other group dynamics at the facility?  Yes  No

- Does the review team: Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse?  Yes  No
- Does the review team: Assess the adequacy of staffing levels in that area during different shifts?  Yes  No
- Does the review team: Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff?  Yes  No
- Does the review team: Prepare a report of its findings, including but not necessarily limited to determinations made pursuant to §§ 115.86(d)(1) - (d)(5), and any recommendations for improvement and submit such report to the facility head and PREA compliance manager?  Yes  No

### 115.86 (e)

- Does the facility implement the recommendations for improvement, or document its reasons for not doing so?  Yes  No

### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

### Documents:

1. Pre-Audit Questionnaire
2. GA-06.11B
3. PREA Incident Review – SCDC Form 19-183

### Interviews:

1. Interview with the Warden
2. Interview with the PREA Compliance Manager
3. Interview with Incident Review Team

### Findings (By Provision):

**115.86 (a):** GA-06.11B, page 6, states that all SCDC institutional Sexual Abuse Response Teams (SARTs) will conduct a sexual abuse incident review within 30 days of receiving a substantiated or unsubstantiated investigative report of an allegation of sexual abuse or sexual harassment to determine if changes are necessary and determine the possible cause of the incident. The incident review, and its findings, will be documented on SCDC Form 19-183, and filed with the institutions CM and PC. The PAQ indicated that there has been one sexual abuse investigation completed within the previous twelve months. The PAQ indicated that there have been no sexual abuse reviews completed within the previous twelve months. A review of documentation indicated that there was one sexual abuse allegation reported within the previous twelve months. The allegation was determined to be unfounded and as such, there as not a sexual abuse incident review required under this standard.

**115.86 (b):** GA-06.11B, page 6, states that all SCDC institutional Sexual Abuse Response Teams (SARTs) will conduct a sexual abuse incident review within 30 days of receiving a substantiated or unsubstantiated investigative report of an allegation of sexual abuse or sexual harassment to determine if changes are necessary and determine the possible cause of the incident. The incident review, and its findings, will be documented on SCDC Form 19-183, and filed with the institutions CM and PC. The PAQ indicated that there have been no sexual abuse reviews completed within the previous twelve months. A review of documentation indicated that there was one sexual abuse allegation reported within the previous twelve months. The allegation was determined to be unfounded and as such, there as not a sexual abuse incident review required under this standard.

**115.86 (c):** The PAQ indicated that the sexual abuse team includes upper-level management officials and allows for input from line supervisors, investigators and medical or mental health practitioners. A review of SCDC Form 19-183 indicates that meeting attendees include; the Warden, the CM, a member of security and a supervisor from the area where the alleged incident occurred. The interview with the Warden confirmed that they have not had to do any of these reviews but that they would be completed when necessary and that they would include upper-level management officials, supervisors, investigators and medical and mental health practitioners.

**115.86 (d):** The PAQ indicated that the facility prepares a report of its findings from sexual abuse incident reviews and considers: whether the allegation or investigation indicates a need to change policy or practice; whether the incident or allegation was motivated by race, ethnicity, gender identity or sexual preference (identified or perceived), gang affiliation, or if it was motivated by other group dynamics; examine the area where the incident allegedly occurred to assess whether there were any physical barriers; assess the staffing levels; assess video monitoring technology and prepare a report of its findings to include any recommendations for improvement. A review of SCDC Form 19-183 indicates that the form includes a section for all of the requirements of this provision. A review of documentation indicated that there was one sexual abuse allegation reported within the previous twelve months. The allegation was determined to be unfounded and as such, there as not a sexual abuse incident review required under this standard. The Warden stated that they would utilize the reviews to prevent any future incidents, to determine if the incident could have been prevented and if there is any need for policy or procedure change. He stated all the necessary components would be reviewed, including staffing, physical barriers and motivations. The CM indicated that he is part of the review team and that he would go over the review with the Warden as well as an attorney to verify actions and recommendations. He sated he would then be responsible for implementing any recommendations. The interview with the member of the incident review team confirmed that all requirements under this provision are part of the incident review and that a form would be completed for the review.

**115.86 (e):** The PAQ indicates that the facility implements the recommendations for improvement or documents its reasons for not doing so. A review of SCDC Form 19-183 indicates that a section exists for recommendations for improvement. A review of documentation indicated that there was one sexual abuse allegation reported within the previous twelve months. The allegation was determined to be unfounded and as such, there as not a sexual abuse incident review required under this standard.

Based on a review of the PAQ, GA-06.11B, SCDC Form 19-183 and information from interviews with the Warden, PC, CM and a member of the sexual abuse incident review team this standard appears to be compliant.

## Standard 115.87: Data collection

### 115.87 (a)

- Does the agency collect accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions?  Yes  No

### 115.87 (b)

- Does the agency aggregate the incident-based sexual abuse data at least annually?  
 Yes  No

### 115.87 (c)

- Does the incident-based data include, at a minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Violence conducted by the Department of Justice?  Yes  No

### 115.87 (d)

- Does the agency maintain, review, and collect data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews?  
 Yes  No

### 115.87 (e)

- Does the agency also obtain incident-based and aggregated data from every private facility with which it contracts for the confinement of its inmates? (N/A if agency does not contract for the confinement of its inmates.)  Yes  No  NA

### 115.87 (f)

- Does the agency, upon request, provide all such data from the previous calendar year to the Department of Justice no later than June 30? (N/A if DOJ has not requested agency data.)  
 Yes  No  NA

### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

### Documents:

1. Pre-Audit Questionnaire
2. GA-06.11B
3. Survey of Sexual Victimization (SSV)

### Findings (By Provision):

**115.87 (a):** GA-06.11B, page 6 outlines the data collection process. It states that the SCDC will report to the US Department of Justice, US Bureau of Justice Statistics, SLED and any other federal and/or state authority that requires sexual abuse data and information annually, all acts of sexual abuse, sexual harassment and staff sexual misconduct with inmates, for all its institutions and contracted institutions. The policy also states that consistent with the National PREA Standards, SCDC will collect data that will assist SCDC in reducing the risk of sexual abuse and/or sexual activity occurring within SCDC institutions.

SCDC will compile the information that relates to the prevalence of sexual abuse and/or sexual activity within the institutions, including circumstances that contribute to this kind of behavior, in order to provide insight into potential strategies for its reduction or elimination. The PAQ indicates that the agency collects accurate, uniform data for every allegation of sexual abuse at facilities under its direct control. A review of the agency website confirmed that SSV data is available from 2006 to current.

**115.87 (b):** GA-06.11B, page 6 outlines the data collection process. It states that the SCDC will report to the US Department of Justice, US Bureau of Justice Statistics, SLED and any other federal and/or state authority that requires sexual abuse data and information annually, all acts of sexual abuse, sexual harassment and staff sexual misconduct with inmates, for all its institutions and contracted institutions. The policy also states that consistent with the National PREA Standards, SCDC will collect data that will assist SCDC in reducing the risk of sexual abuse and/or sexual activity occurring within SCDC institutions. SCDC will compile the information that relates to the prevalence of sexual abuse and/or sexual activity within the institutions, including circumstances that contribute to this kind of behavior, in order to provide insight into potential strategies for its reduction or elimination. The PAQ indicated that the agency aggregates the incident based sexual abuse data at least annually. A review of the agency website confirmed that SSV data is available from 2006 to current.

**115.87 (c):** GA-06.11B, page 6 outlines the data collection process. It states that the SCDC will report to the US Department of Justice, US Bureau of Justice Statistics, SLED and any other federal and/or state authority that requires sexual abuse data and information annually, all acts of sexual abuse, sexual harassment and staff sexual misconduct with inmates, for all its institutions and contracted institutions. The policy also states that consistent with the National PREA Standards, SCDC will collect data that will assist SCDC in reducing the risk of sexual abuse and/or sexual activity occurring within SCDC institutions. SCDC will compile the information that relates to the prevalence of sexual abuse and/or sexual activity within the institutions, including circumstances that contribute to this kind of behavior, in order to provide insight into potential strategies for its reduction or elimination. The agency reports their data annually to the DOJ via the SSV. A review of the agency website confirmed that SSV data is available from 2006 to current.

**115.87 (d):** GA-06.11B, page 6 outlines the data collection process. It states that the SCDC will report to the US Department of Justice, US Bureau of Justice Statistics, SLED and any other federal and/or state authority that requires sexual abuse data and information annually, all acts of sexual abuse, sexual harassment and staff sexual misconduct with inmates, for all its institutions and contracted institutions. The policy also states that consistent with the National PREA Standards, SCDC will collect data that will assist SCDC in reducing the risk of sexual abuse and/or sexual activity occurring within SCDC institutions. SCDC will compile the information that relates to the prevalence of sexual abuse and/or sexual activity within the institutions, including circumstances that contribute to this kind of behavior, in order to provide insight into potential strategies for its reduction or elimination. The PAQ indicated that the agency maintains, reviews and collects data as needed from all available incident-based documents.

**115.87 (e):** The PAQ indicates that the agency obtains incident-based and aggregated data from every private facility with which it contracts for the confinement of its inmate.

**115.87 (f):** GA-06.11B, page 6 outlines the data collection process. It states that the SCDC will report to the US Department of Justice, US Bureau of Justice Statistics, SLED and any other federal and/or state authority that requires sexual abuse data and information annually, all acts of sexual abuse, sexual harassment and staff sexual misconduct with inmates, for all its institutions and contracted institutions. A review of the Survey of Sexual Victimization indicated that the last survey was submitted in 2018. The current Survey has not yet been submitted for 2018 data as the form was not published until August 2019.

Based on a review of the PAQ, GA-06.11B and the agency website that contains historical and current Surveys of Sexual Victimization this standard appears to be compliant.

## Standard 115.88: Data review for corrective action

### 115.88 (a)

- Does the agency review data collected and aggregated pursuant to § 115.87 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Identifying problem areas?  Yes  No
- Does the agency review data collected and aggregated pursuant to § 115.87 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Taking corrective action on an ongoing basis?  Yes  No
- Does the agency review data collected and aggregated pursuant to § 115.87 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Preparing an annual report of its findings and corrective actions for each facility, as well as the agency as a whole?  Yes  No

### 115.88 (b)

- Does the agency's annual report include a comparison of the current year's data and corrective actions with those from prior years and provide an assessment of the agency's progress in addressing sexual abuse?  Yes  No

### 115.88 (c)

- Is the agency's annual report approved by the agency head and made readily available to the public through its website or, if it does not have one, through other means?  Yes  No

### 115.88 (d)

- Does the agency indicate the nature of the material redacted where it redacts specific material from the reports when publication would present a clear and specific threat to the safety and security of a facility?  Yes  No

### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

### Documents:

1. Pre-Audit Questionnaire
2. Prison Rape Elimination Act Annual Reports

### Interviews:

1. Interview with the Agency Head Designee
2. Interview with the PREA Coordinator
3. Interview with the PREA Compliance Manager

## Findings (By Provision):

**115.88 (a):** The PAQ indicates that the agency reviews data annually in order to assess and improve the effectiveness of its sexual abuse prevention, detection and response policies and training. The review includes: identifying problem areas, taking corrective action on an ongoing basis and preparing an annual report of its findings and any corrective action. A review of the 2018 and 2019 annual reports indicate that the reports contain information on the SCDC's PREA efforts to include notable successes, areas of concern, aggregated data by agency as well as broken down by facility, comparison of data from the previous two years and corrective actions. The interview with the Agency Head Designee indicated that incident-based information is reviewed to analyze locations of abuse, the frequency with which inmates may be identified as perpetrators or victims, patterns within certain institutions, and the times and days of abuse. The information is then used to determine locations for electronic surveillance equipment, facility renovations, staffing allocations, institutional training and the need for protective measures for specific inmates. The CM stated that the all of the information is gathered and submitted to the agency's PC. The PC then completes a report for the Director related to allegations and investigative outcomes. He stated that the information is utilized to determine any trends and to help the institutions in prevention.

**115.88 (b):** The PAQ indicated that the agency's annual report includes a comparison of the current year's data and corrective actions with those from prior years and provides an assessment of the progress. A review of 2018 and 2019 Annual Reports indicates that the report contains information on the SCDC's PREA efforts to include notable successes, areas of concern and corrective actions. The reports also contain a comparison of collected data from the previous two years.

**115.88 (c):** The PAQ indicated that the agency's annual report is approved by the Agency Head and made available to the public through its website. The interview with the Agency Head Designee confirmed that the Deputy Director of Legal and Compliance and the Director of SCDC review and approve the annual report and that is available on the website. A review of the website confirmed that current and previous annual reports are available to the public online.

**115.88 (d):** The PAQ indicated that the agency may redact specific material from the report when it would present a clear and specific threat to the safety and security of the facility. A review of annual reports confirmed that no information was required to be redacted. The interview with the PC indicated that all personally identifiable information is redacted and only raw data is contained in the report.

Based on a review of the PAQ, Annual Reports, the agency website and information from interviews with the Agency Head Designee, PC and CM, this standard appears to be compliant.

## Standard 115.89: Data storage, publication, and destruction

### 115.89 (a)

- Does the agency ensure that data collected pursuant to § 115.87 are securely retained?  
 Yes  No

### 115.89 (b)

- Does the agency make all aggregated sexual abuse data, from facilities under its direct control and private facilities with which it contracts, readily available to the public at least annually through its website or, if it does not have one, through other means?  Yes  No

### 115.89 (c)

- Does the agency remove all personal identifiers before making aggregated sexual abuse data publicly available?  Yes  No

#### 115.89 (d)

- Does the agency maintain sexual abuse data collected pursuant to § 115.87 for at least 10 years after the date of the initial collection, unless Federal, State, or local law requires otherwise?  Yes  No

#### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

#### Documents:

1. Pre-Audit Questionnaire
2. ADM-15.05
3. Prison Rape Elimination Act Annual Reports
4. Survey of Sexual Victimization (SSV)

#### Interviews:

1. Interview with the PREA Coordinator

#### Findings (By Provision):

**115.89 (a):** ADM-15.05, section 3.6, states that files containing confidential data will not be stored on local hard drives, removable media, on any type of internet cloud storage and will not be sent via email unencrypted. The PAQ as well as the interview with the PREA Coordinator confirmed that data is securely retained. He stated that he retains the data and that it is in a shared folder within their secure cloud-based system.

**115.89 (b):** The PAQ states that the agency will make all aggregated sexual abuse data readily available to the public annually through its website. A review of the website confirmed that the most current (2018) Survey of Sexual Victimization as well as previous Annual Reports (aggregated data) are available to the public online.

**115.89 (c):** The agency does not include any identifiable information or sensitive information on the Annual Report and as such does not require any information to be redacted. A review of historical annual reports confirmed that no personal identifiers were publicly available.

**115.88 (d):** The PAQ indicates that the agency maintains sexual abuse data collected pursuant to 115.87 for at least ten years after the date of the initial collection. A review of the agency's website confirmed that data is available from 2006 to present.

Based on a review of the PAQ, ADM-15.05, Annual Reports, the SSVs, the agency website and information obtained from the interview with the PREA Coordinator, this standard appears to be compliant.

## AUDITING AND CORRECTIVE ACTION

## Standard 115.401: Frequency and scope of audits

### 115.401 (a)

- During the prior three-year audit period, did the agency ensure that each facility operated by the agency, or by a private organization on behalf of the agency, was audited at least once? (*Note: The response here is purely informational. A "no" response does not impact overall compliance with this standard.*)  Yes  No

### 115.401 (b)

- Is this the first year of the current audit cycle? (*Note: a "no" response does not impact overall compliance with this standard.*)  Yes  No
- If this is the second year of the current audit cycle, did the agency ensure that at least one-third of each facility type operated by the agency, or by a private organization on behalf of the agency, was audited during the first year of the current audit cycle? (N/A if this is **not** the *second* year of the current audit cycle.)  Yes  No  NA
- If this is the third year of the current audit cycle, did the agency ensure that at least two-thirds of each facility type operated by the agency, or by a private organization on behalf of the agency, were audited during the first two years of the current audit cycle? (N/A if this is **not** the *third* year of the current audit cycle.)  Yes  No  NA

### 115.401 (h)

- Did the auditor have access to, and the ability to observe, all areas of the audited facility?  Yes  No

### 115.401 (i)

- Was the auditor permitted to request and receive copies of any relevant documents (including electronically stored information)?  Yes  No

### 115.401 (m)

- Was the auditor permitted to conduct private interviews with inmates, residents, and detainees?  Yes  No

### 115.401 (n)

- Were inmates permitted to send confidential information or correspondence to the auditor in the same manner as if they were communicating with legal counsel?  Yes  No

### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)

- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

#### Findings (By Provision):

**115.401 (a):** The facility is part of the South Carolina Department of Corrections. The agency began PREA certification audits in 2018 and thus all facilities were not audited during the August 2016-August 2019 cycle.

**115.401 (b):** The facility is part of the South Carolina Department of Corrections. The SCDC has a schedule for all their facilities to be audited within the three-year cycle, with one third being audited in each cycle. The facility is being audited in the second year of the three-year cycle.

**115.401 (h) – (m):** The auditor had access to all areas of the facility; was permitted to receive and copy any relevant policies, procedure or documents; was permitted to conduct private interviews and was able to receive confidential information/correspondence from inmates.

#### Standard 115.403: Audit contents and findings

##### 115.403 (f)

- The agency has published on its agency website, if it has one, or has otherwise made publicly available, all Final Audit Reports. The review period is for prior audits completed during the past three years PRECEDING THIS AUDIT. The pendency of any agency appeal pursuant to 28 C.F.R. § 115.405 does not excuse noncompliance with this provision. (N/A if there have been no Final Audit Reports issued in the past three years, or in the case of single facility agencies that there has never been a Final Audit Report issued.)  Yes  No  NA

#### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

#### Findings (By Provision):

**115.403 (f):** This is the initial certification audit for the MacDougall Correctional Institution. The South Carolina Department of Corrections began the PREA certification process for their facilities in 2018. All completed audit reports for the previous audit period (August 2016-August 2019) are available online at [http://www.doc.sc.gov/preaweb/prea\\_audits.html](http://www.doc.sc.gov/preaweb/prea_audits.html).

## AUDITOR CERTIFICATION

I certify that:

- The contents of this report are accurate to the best of my knowledge.
- No conflict of interest exists with respect to my ability to conduct an audit of the agency under review, and
- I have not included in the final report any personally identifiable information (PII) about any inmate or staff member, except where the names of administrative personnel are specifically requested in the report template.



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**Auditor Signature**

July 13, 2021

**Date**

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<sup>i</sup> Agency and Department are utilized interchangeably in this document as well as facility and institution.

<sup>ii</sup> During the audit period the SCDC updated their PREA policies. They went from OP-21.12 to GA-06.11 and GA.06.11B. The auditor utilized the policies provided during the pre-audit phase and as such the majority of reference is through OP-21.12 and GA-06.11B.